

PC44146
COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1952

W. S. PARKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

BRIGHTON
Pell (Brighton) Ltd., 105 Church Street

*To the Mayor, Aldermen, and Councillors of the
County Borough of Brighton.*

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1952.

Before proceeding further it is necessary to mention that the borough boundary was extended on 1st April, 1952, thereby increasing the area by 1,850 acres and adding to the population some 2,750 persons there resident.

For the Health Department the year has been one of general progress in the integration of the services. The Health Committee have approved an increase in the establishment of Health Visitors by four. In addition a training scheme for student Health Visitors has been agreed to commence with the next available course. A senior Health Visitor is also to be appointed.

The Infant Mortality rate of the Borough has been reduced to the record low figure of 29 deaths per 1,000 live births of infants. While this is a cause for satisfaction, I wish to repeat my remark of last year that the survey of a period of five years is necessary to judge steady progress in this most significant indication of public health efficiency.

For the first time the Sanitary Inspectors have made a comprehensive environmental survey of all registered tuberculous persons. This has been extremely valuable in obtaining an overall picture of the situation.

The National Health Service has now grown beyond its initial teething troubles. The Ministry of Health have now requested a national survey of local health authority services as part of the Annual Report of Medical Officers of Health. The report on the Brighton services is appended.

OLD PEOPLE

I have to mention my growing concern about the inadequacy of the care of the aged. Old people cannot combine to form a pressure group to secure attention to their needs. With the creation of the Welfare State their lot has worsened in two ways. In the first place the responsibility for maintenance by the family has ceased so that less responsible members of the community now reject this communal duty. Secondly, the former relieving officer has been displaced and the work has been split up amongst a variety of agencies, none of whom have his duty of providing relief in all circumstances.

This most valuable officer could provide relief in kind in the home or could legally require accommodation to be provided. No hospital or welfare institution can now be compelled to provide a bed no matter how urgent the case. The legal power of requiring admission in case of need has gone. I wish to bring to your notice the case represented in the attached photograph. This case does not reflect upon Brighton but upon the inadequacy of the complicated modern national legislation to deal with a patient who would have been aided rapidly and efficiently in pre-Welfare days. The photograph, taken in mid-winter, shows an old man dying on the wire spring of a mattress so broken that his feet hang through it. The room littered with rubbish, has a second bed on which slept a woman of seventy and a mentally defective man of thirty. There is no bedding. This case was brought to my notice one morning by a caller. An immediate visit was made by a member of my staff who, realising that medical advice was required at once, called me out. To secure admission to hospital eventually needed the services throughout a whole morning of a sanitary inspector, your medical officer, a health visitor, and the geriatric specialist from the local hospital.

There is no question of unwillingness ; everyone did what they could and the man was removed to hospital where he died next day. The circumstances, including the special arrangements to take the patient into an already crowded hospital, should not have taken up the time of so many people. In the "bad" old days the relieving officer would have demanded a bed, ordered an ambulance, and have had the patient removed forthwith. This is no isolated case but is taken as an example of circumstances with which this department is only too familiar. No one should be allowed to get into such a condition if adequate preventive action could be taken by the health team ; moreover the one all-purpose relieving officer should be restored and, with him, the district medical officer who should be available to provide medical attention as required. It is quite impossible to get medical attention to these unfortunates speedily by the present method of expecting them to apply to an individual practitioner to be placed on his list. They know no one, they are enfeebled, helpless, and often senile, they cannot use the telephone, and the urgent responsibility of their care must be shouldered for them by having a doctor available on call as required.

To secure integrated action with the preventive socio-medical services of an authority, the relieving officer should be a member of the health department staff and with the department should be linked the welfare service of the authority. There are so many facets of preventive health action, environmental, personal, and mental, which have a constant bearing on the individual case that one integrated local authority socio-medical service appears the only solution to this national problem.

As things are at present the individual old person can fall into the gaps between national assistance, local authority welfare, national hospital and local authority socio-medical services. This great group of agencies can never function without either overlapping or leaving some part of the individual's needs unsatisfied as the case may be. The first action should be preventive, and that preventive action should wherever possible prevent deterioration. The integration of services should be so complete that appropriate social or medical aid should at once be forthcoming at the first sign of a fall in standards ; this should be carried through under one direction until full residential accommodation is necessary to the extent of the so-called half-way institution, part hostel and part hospital. It is only possible to secure efficient care for the aged and enfeebled by the alteration of the national welfare legislation so that one comprehensive local health department service is available, financed by one source and method of revenue. At the present time it is impossible to balance a group of services when some are paid direct out of the national exchequer while others fall on local rates supported by varying proportions of central Exchequer grant.

In presenting this report I wish to express my acknowledgment of the continued interest of the Chairman and Members of the Health Committee, the kindness and co-operation of my colleagues, the chief officers of the Corporation, and also of Mr. Dawes, Secretary of the Brighton and Lewes Hospital-Management Committee and of Dr. Lennhoff of the Foredown Isolation Hospital, and lastly of the loyal support of all members of the Health Department staff during the past year.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

W. S. PARKER,

Medical Officer of Health.



CONTENTS

	PAGE
AMBULANCE SERVICE	17
CARE OF MOTHERS AND YOUNG CHILDREN ..	12-16
Ante-natal and Post-natal Clinics ..	12
Contraceptive Clinic	13
Day Nursery	15
Dental Treatment	14
Home Visits	14
Infant Welfare Centres	13
DOMESTIC HELP SCHEME	11
GENERAL STATISTICS	6
HOME NURSING	17
HOSPITALS IN BRIGHTON	6
HOUSING	25-26
INFANT MORTALITY TABLE	16
INFECTIOUS DISEASE AND EPIDEMIOLOGY ..	8-11
MENTAL HEALTH SERVICE	19-20
MIDWIFERY SERVICE	12-13
NATIONAL ASSISTANCE ACT—Aged persons ..	12
NOTIFIABLE DISEASES : Table	7
ORTHOPAEDIC TREATMENT (School Medical Section, pages 11-12)	
TUBERCULOSIS :	18-19
Assistance from Hedgcock Bequest ..	19
B.C.G. Vaccination	18
Chest Clinic	18
Mass Radiography	19
Notification of cases	18
SANITARY ADMINISTRATION :	22-34
Abattoir	32-33
Diseases of Animals Acts	33-34
Factories, Workplaces and Shops ..	26-27
Food and Drugs	27-30
Meat and Other Foods	32-33
Rats and Mice Destruction	24
Sanitary Inspections	23-24
Vermin Disinfestation	25
VACCINATION AND IMMUNIZATION	11
WATER SUPPLIES	21-22
APPENDIX : Special Survey of Local Health Services	35-41

(Report on School Medical work follows page 41)

MEMBERS OF COMMITTEES ON 31st DECEMBER, 1952

Health Committee:

THE WORSHIPFUL THE MAYOR (ALDERMAN MISS D. E. STRINGER)	COUNCILLOR C. W. NEWMAN
ALDERMAN S. DAVEY	„ T. M. O'H. PARTRIDGE
„ J. A. T. LEAK	„ Mrs. D. K. G. WATSON-
„ W. G. DUDENEY	MILLER (Chairman
COUNCILLOR G. B. BALDWIN	Housing Committee)
„ Mrs. A. H. BEVIS	Miss E. HYSLOP
„ W. H. G. BUTTON	Mr. C. C. TITCOMB
„ P. H. BUXTON (Chairman)	Mr. T. REES MORGAN
„ W. J. C. CLARKE	Mr. J. J. LOUGHRAN
„ S. D. DEASON	Dr. L. J. BEYNON
„ Mrs. V. G. HARMER	Dr. D. ARCHDALE-SMITH

Health Services Sub-Committee:

ALDERMAN DUDENEY	COUNCILLOR BUXTON
„ LEAK	„ Mrs. HARMER
„ Miss STRINGER	„ PARTRIDGE (Chairman)
COUNCILLOR BALDWIN	Dr. BEYNON
„ Mrs. BEVIS	Miss HYSLOP
„ BUTTON	

Maternity and Child Welfare Sub-Committee:

ALDERMAN Miss STRINGER	COUNCILLOR Mrs. HARMER
COUNCILLOR BUXTON	Dr. L. J. BEYNON
„ DEASON	Miss HYSLOP

Home Nursing Sub-Committee:

ALDERMAN DUDENEY	COUNCILLOR Mrs. HARMER
„ Miss STRINGER	„ PARTRIDGE
(Chairman)	Miss I. M. WATTS
COUNCILLOR BUXTON	Mr. H. B. THYER
„ Mrs. BEVIS	Mrs. AUSTIN SMITH

PUBLIC HEALTH OFFICERS

W. S. PARKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H., Medical Officer of Health.

I. D. M. NELSON, M.B., B.Ch., B.A.O., D.P.H., Deputy Medical Officer of Health.

ROSA MORRISON, M.B., Ch.B., D.P.H., Senior Assistant Medical Officer of Health for Maternity and Child Welfare.

BERYL P. EADIE,† B.Sc., M.B., B.Ch., Assistant Medical Officer for Maternity and Child Welfare.

G. H. C. WALMSLEY, M.B., Ch.B., D.P.H., Chest Physician.

R. F. WRIGHT,† B.Sc., A.R.C.S., F.I.C., Public Analyst.

S. GOURLEY,† M.R.C.V.S., Veterinary Officer.

R. S. CROSS,* F.R.San.I., F.S.I.A., Chief Sanitary Inspector.

H. G. GIBSON,* Deputy Chief Sanitary Inspector.

R. L. SCOTOW,* Superintendent of Public Abattoir.

G. V. MARTIN,* K. MCINTYRE,* Senior Sanitary Inspectors (Housing).

T. BILLSON,* K. W. FINCH,* E. N. JONES,* W. F. MANDLE, L. W. PARSLOE,* L. SMITH,* P. G. H. SMITH, R. SUTTON,* A. J. TAYLOR,* A. A. WHELCH, Sanitary Inspectors.

E. H. HEASMAN, Shops Inspector.

MRS. N. M. H. STRICKLAND, MRS. M. THOMAS, MISSES F. J. H. BUSHILL, E. R. COLLARD, A. K. N. COX, F. E. DEACON, J. W. HEDGES, M. MATHIE, A. L. MITCHELL,† E. M. TANNER, A. E. WHYTE, Health Visitors.

MISSES E. I. COLE, D. M. GOLDSMITH, A. L. MITCHELL,† Tuberculosis Health Visitors.

MRS. A. L. B. BEARD, MISSES M. GREENHILL, E. C. BLACKMORE, Municipal Midwives.

A. J. SUMPTER, Ambulance Supervisor.

L. R. VINEY, Deputy Ambulance Supervisor.

T. RASMUSSEN, Executive Officer Mental Health Service.

F. C. CONSTABLE, A. E. E. DENYER, H. THATCHER, Authorised Officers.

Miss M. K. MURCHIE, Woman Visitor Mental Health Service.

R. W. GRUTCHFIELD,* Chief Clerk, Public Health Department.

A. W. RICHARDSON, D.P.A., Assistant Chief Clerk, Public Health Department.

*Holds Food Inspector's Certificate of Royal Sanitary Institute.

†Part-time.

STATISTICAL

Home population, mid-1952—156,900.* Area—14,353 acres.

Constructed populations for whole year—156,150.*

Number of inhabited houses Dec. 1952 (Rate Books), 44,254.

Rateable Value—£2,079,450. Penny rate = £8,270.

Marriages, 1,323. Rate per 1,000 population, 8.47.

Live Births, 2,083. $\left\{ \begin{array}{l} \text{legitimate, 1,921 ; illegitimate, 162.} \\ \text{Birth rate, 13.34 per 1,000 population ;} \end{array} \right.$
(Males, 1,077 ; Females, 1,006)

Area comparability factor = 1.02 ; Adjusted Birth Rate, 13.61.

(Inward and outward transfers are allowed for in above figures.)

Still Births, 36 (males 22, females 14) ; rate per 1,000 (live and still) births, 17.
rate per 1,000 population, 0.23.

Deaths, 2,237. Crude Death Rate, 14.33 per 1,000 population ; area comparability factor = 0.80. Adjusted Death Rate, 11.46.

(Inward and outward transfers are allowed for)

		Puerperal infections.	Others.	Total.
Childbirth deaths ...	Actual Number ...	—	—	—
	Rate per 1,000 adjusted			
	(live and still) births	—	—	—

		Legitimate.	Illegitimate.	Total.
Deaths of Infants ... under 1 year of age	Actual Number ...	56	5	61
	Rate per 1,000 adjusted			
	live births ...	29	31	29

Deaths from Cancer, 450. Measles, —. Whooping Cough, —. Diarrhoea (under 2), 1.

Hospitals situated in Brighton :—

			Number of Deaths.	
			Non-residents.	Residents.
Royal Sussex County (general)	...	...	197	222
Brighton General	...	...	239	474
Royal Alexandra (for children)	...	...	22	16
New Sussex (for women)	...	...	34	18
Bevendean (tuberculosis)	...	...	3	4
Sussex Maternity	...	...	6	9
Sussex Eye	...	...	6	—
Sussex Throat and Ear	...	...	1	1

Deaths of residents in Hospitals outside Brighton :—

Mental Hospitals	...	...	...	...	55
Other Hospitals	...	...	...	...	107

Deaths (classified as residents) in Hospitals, 906 or 40 per cent of total.

*Registrar-General's estimated figures. Statistical rates are based on the constructed population to allow for position both before and after extension of Borough on 1st April, 1952.

Diseases Notified during the Year 1952

NOTIFIABLE DISEASE	At all ages	Age Incidence						No. of deaths during the year
		Under 1	1-3	3-5	5-10	10-15	15-25	25+
Scarlet fever ...	215	1	12	47	139	12	3	1
Whooping cough ...	160	19	44	49	43	2	—	3
Ac. poliomyelitis:								
paralytic ...	17	—	1	3	2	1	5	5
non-paralytic ...	8	—	—	1	5	1	1	—
Measles ...	561	17	65	181	282	9	5	2
Diphtheria ...	1	—	—	—	—	—	1	—
Ophthalmia neonatorum	1	1	—	—	—	—	—	—
Puerperal pyrexia ...	17	—	—	—	—	—	8	9
			0-5	5-15	15-45	45-65	65+	
Smallpox ...	—		—	—	—	—	—	—
Ac. pneumonia ...	155		64	31	25	19	16	—
Dysentery ...	6		—	—	2	1	3	—
Ac. encephalitis ...	2		—	—	2	—	—	2
Enteric or typhoid fever	1		—	—	—	—	1	1
Paratyphoid fevers ...	2		—	2	—	—	—	2
Erysipelas ...	25		—	1	12	8	4	4
Meningococcal infection	2		1	1	—	—	—	1
Malaria ..	—		—	—	—	—	—	—
Food poisoning ...	23		7	3	9	2	—	—
Tuberculosis ...	(see page 18)							

INFECTIOUS DISEASE AND EPIDEMIOLOGY

Poliomyelitis

There were 20 confirmed cases in Brighton residents. 19 were removed to hospital. 6 patients developed the paralytic form of the disease, in 14 there was no paralysis. There was 1 death of a woman aged 35 years who was admitted to Foredown Hospital with acute anterior poliomyelitis involving all four limbs and trunk. Respiratory paralysis developed the following day and she was put into an iron lung. Two days later acute dilatation of the stomach developed and in spite of treatment she died. This case was six months pregnant.

Diphtheria

1 case was notified during the year in an adult visitor to the town from Lancashire. The type of organism was *corynebacterium diphtheria mitis* and recovery was uneventful.

Scarlet Fever

Of a total of 215 patients notified, 61, or 28%, were removed to hospital. There were no return cases. There was 1 death of a girl aged 2. The latter was admitted to Foredown Hospital after five days of home treatment. She had developed a steep rise in temperature, rapid and deep respirations without cyanosis. No cause could be found for these complications and the child died next day. Post-mortem revealed encephalitis.

Measles

561 cases were notified by doctors. The Queen's Nurses made 24 visits to 4 cases. There were no deaths.

Whooping Cough

160 cases were notified by doctors. The Queen's Nurses made 13 visits to 2 cases. There were no deaths.

Erysipelas

25 cases were notified by doctors. There were no deaths. The table on page 7 shows the age groups affected.

Acute Pneumonia (Primary or Influenzal)

155 cases were notified.

Dysentery

1 case of Amoebic Dysentery and 5 cases of bacillary dysentery were notified. Of these, 4 cases of *Shigella Sonne* occurred in the aged persons' ward at a local hospital. 1 case of *Shigella Schmitzi* was notified by a general practitioner and is referred to later.

Smallpox

No cases were notified during the year. 4 contacts of suspected cases occurring in other areas or in ships arriving at this country were kept under surveillance for the required period, no disease developed.

Typhoid and Paratyphoid Fevers

There were no cases occurring in Brighton residents.

Food Poisoning

One outbreak occurred involving 26 persons ; in addition there were 23 isolated cases. There were no deaths.

Disinfection

14 premises were disinfected during the year where patients suffering from Pulmonary Tuberculosis and Diphtheria had been removed to hospital or where death from Pulmonary Tuberculosis occurred.

In addition 309 visits were made in connection with the disinfection of library books, clothing and bedding, etc., and where advice was given on current and terminal disinfection.

EPIDEMIOLOGY

Scarlet Fever and Sore Throat

In January 1952 the headmistress of a Brighton school reported two cases of Scarlet Fever among her pupils and the absence of a considerable number of children with sore throats and colds.

After visiting the school it was decided to take nose and throat swabs of all school children and staff. This was carried out on 84 pupils and 11 members of the staff. Absentees (38 pupils and 1 staff) with sore throats and other ailments were visited and swabbed.

Dr. J. E. Jameson, Director, Public Health Laboratory, Brighton, reported that 44 pupils had positive swabs of *Haemolytic Streptococci* and those shewing abundant growths or almost pure cultures were excluded from school. The Public Health Laboratory established that Group A, type 1, was the organism most predominant and those children not of this type were allowed to resume school if otherwise fit. This finally reduced the original 44 children to 27, and of these 20 had an abundant growth of almost pure culture of the nose and were kept out of school.

At this juncture 2 children who had been excluded developed Scarlet Fever and were admitted to hospital. The nursery assistant was sent home unwell and on swabbing was found to have positive haemolytic streptococci Group A, type 1.

Throughout, the General Practitioners of the children concerned were informed of the results by the Public Health Laboratory and a letter was sent by the Medical Officer of Health giving details of the outbreak and requesting them to give any treatment necessary in individual cases.

No person shewing Positive *Haemolytic Streptococci*, Group A, Type 1, was allowed to resume school until negative swabs had been obtained.

It is felt that, although this is the first time this procedure has been adopted for an outbreak of Streptococcal infection in a school, the outcome was quite satisfactory and that further spread of infection was prevented. The weekly average attendance at this school was higher than any other similar infant school until the end of the school term; it is therefore submitted that a careful watch on Streptococcal infections and their control by adequate bacteriological methods would lead to a better attendance in infant schools and perhaps prevent some of the end results of these infections.

Throughout the outbreak the closest co-operation was given by the headmistress and staff of the school and the school enquiry officers, whose local knowledge is invaluable.

Food Poisoning

In July the Health Department and the Public Health Laboratory investigated an outbreak of food poisoning involving 26 persons.

The outbreak occurred at a private school and the cause was traced to duck eggs which had been infected with *Salmonella Typhi Murium*. The duck eggs had been used in the preparation of a lemon cream and a salad dressing without prior heating to any degree.

The main symptoms developed by the patients were vomiting, diarrhoea, severe abdominal pain and headaches. The duration of the illness was approximately 4 days.

Specimens of stools from the 26 persons affected shewed *Salmonella Typhi Murium*; of these, 25 persons had consumed either the lemon cream or the salad dressing, 1 person being infected at a later date.

Of the 23 isolated cases which occurred during the year, investigations proved that the illness in 6 cases was due to *Salmonella Typhi Murium*, although the source was not traced. In the remaining notified cases no organism was identified and it was not possible to trace the food concerned.

Psittacosis

In December a local resident was admitted to hospital for a pyrexia of uncertain origin. The diagnosis was confirmed Psittacosis, or Parrots Disease.

This disease, which is of a virus infection, is usually transmitted to humans by infected birds of the parrot family.

It was established from investigations carried out that the patient had recently purchased a parrakeet in London, the bird having died some four days before the patient became ill.

All licensed pet shops in the Borough were visited and the proprietors warned of the risk and were asked to report any illness or death of birds amongst their stock.

A resident who had read extracts in the national press of this disease contacted the Health Department and reported the death of his parrakeet purchased from the same dealer. His home was visited and the family kept under observation. The bird and cage, etc., had been burnt. No illness developed.

One licensed pet dealer reported a high mortality amongst a consignment of imported parrots. Two birds had died prior to investigations commencing, a third became ill and died shortly afterwards. Examination by post-mortem of this bird was negative.

In February 1953 the Ministry of Agriculture and Fisheries re-imposed the ban on the importation of birds liable to import this infection as there was an increase in Psittacosis throughout the country.

Dysentery

In April a local resident was notified as suffering from Bacillary Dysentery.

The organism isolated by the Public Health Laboratory was *Shigella Schmitzi*. This is a rare type of dysentery seldom recognized in this country but more commonly found in Asiatic countries.

The patient was employed as an attendant at the monkey house of a local place of entertainment; he had been handling monkeys recently imported from India.

The closest co-operation was given by Miss P. Wenner, M.R.C.V.S., Veterinary Surgeon to this animal collection, in securing specimens from the monkeys to determine any possible "carriers", as it was thought possible that infection might be passed to the public. Advice was given to the curator and staff on hygiene and disposal of droppings, etc.; fortunately the disease did not spread to other members of the staff who were kept under observation. The attendant recovered and was soon able to resume his normal duties.

The post mortem examination of a monkey which died during the investigation shewed *Shigella Flexneri* and, although this may be found in normal monkeys, the risk is appreciable to the younger population who daily hand-feed these monkeys.

Venereal Disease

New Brighton cases treated at the Brighton V.D. Treatment Centre during 1952 were as follows :

Syphilis.		Gon.		Soft Sore		Sy. and S.S.		Sy. and Gon.		Gon. and S.S.		Sy., G., S.S.		Conditions other than V.D.		Total of V.D. Cases.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
12	8	33	18	—	—	—	—	—	—	—	—	—	—	192	62	45	26

Scabies and Verminous Cases

Twenty-nine children with scabies were treated at the School Clinic Annexe and 8 cases with this complaint were treated at the Brighton General Hospital. Forty-six verminous cases were cleansed at the Brighton General Hospital and 490 verminous children were cleansed at the School Clinic Annexe.

VACCINATION AND IMMUNISATION

Vaccination

Record cards were received for 1,001 persons ; of these, 700 were for primary vaccinations and 301 for re-vaccinations.

Immunisation

	Number of children immunised		
	Under 5 years	5-15 years	Total
By Council's medical officers ...	686	66	752
By general medical practitioners ...	450	31	481
	1136	97	1233

In addition, during the year 66 children received one injection but did not complete the course. Reinforcing doses were given to 190 children under the age of 5 years and to 1,084 children between the ages of 5 and 15 years.

The parents of all children are circularized when the child is eight months old. The Health Visitors visit those cases not immunised (1) when about 11 months old, and (2) between the ages of 13 and 15 months. Lists are prepared, from the Health Visitors' record cards, of children 12 months old who have not been immunised ; these are reviewed at three-monthly intervals and the lists are kept up to date.

Children are immunised at the nine Infant Welfare Centres and, in addition, a session for school children is held once a week at the School Clinic.

All diphtheria immunisation records are kept in the Maternity and Child Welfare Section of the Department.

DOMESTIC HELP SCHEME

Applicants are assessed as to contributions towards cost on a fixed scale, and acute cases normally receive priority over chronic, although 128 of the cases helped were invalid old-age pensioners from whom no contributions were required. Those found ineligible to receive the services of a helper either had relatives, or other persons available, or no medical reasons for help existed.

Helpers (employed on hourly basis) at end of year	..	31
Hours worked by helpers .. .. .	..	28,583
Applications for assistance received .. .. .	..	1,255
Maternity cases given help .. .. .	..	189
Acute sickness cases given help .. .. .	..	186
Chronic sickness cases given help .. .. .	..	76
Old age pensioners (not included above) given help ..	..	128
Tuberculosis cases given help .. .. .	..	3
Total number of cases dealt with .. .. .	..	582

NATIONAL ASSISTANCE ACT 1948 — AGED PERSONS

One application was submitted to the Magistrates for action under Section 47 (3) of the National Assistance Act, 1948, and this was granted for a period of three weeks.

This woman, aged 85, was incapable of moving about due to heart failure and swelling of the legs. She was living in squalor and was unkempt and had not washed for many weeks. Her hair had not been cut for years and was matted together on the top of her head.

The patient was removed to the Brighton General Hospital where she died within a month.

CARE OF MOTHERS AND YOUNG CHILDREN

The total number of live births registered was 2,083, of which 1,077 were males and 1,006 females. Included in the total are 162 illegitimate births. The birth rate was 13·34 per 1,000 of population.

There were no maternal deaths during the year.

The infant mortality rate was 29 ; the actual number of deaths being 61.

MIDWIFERY

Hospitals and Nursing Homes	Number of Midwives Practising	Number of beds	Number of cases from Brighton		Total number of cases		Number of cases in which analgesia administered
			Midwifery	Maternity	Midwifery	Maternity	
Brighton General	20	70	1011	99	1102	109	
Sussex Maternity	21	66	467	87	947	160	
Nursing Homes ...	2	12	20	14	20	18	
TOTAL ...	43	148	1498	200	2069	287	
Domiciliary							
Sussex Mat. Hosp.							
District Midwives	8		187	43			192
Municipal Midwives	3		128	22			130
Brighton District Nursing Associa- tion	3		23	7			20
Private midwives	2		—	2			—
TOTAL ...	16		338	74			342

Nineteen pupil midwives attached to the Sussex Maternity Hospital obtained the full Certificate of the Central Midwives Board, and 43 pupils of the Brighton General Hospital and 17 pupils of the Sussex Maternity Hospital obtained the Certificate for Part I of the Central Midwives Board Examination.

Ante-Natal and Post-Natal Clinics

Number of Brighton cases attended

	Ante-natal	Attendances	Post-natal	Attendances
Brighton General Hospital ...	1002	10923	771	81
Sussex Maternity Hospital ...	662	6912	547	703
Municipal Clinic, Sussex Street ...	297	1396	70	77

Ante-natal relaxation and post-natal exercises are taught in all the clinics.

Midwives Acts

Under the Rules of the Central Midwives Board, 58 midwives notified their intention to practise within the Borough.

Medical Aid and other notifications

Number of domiciliary cases in which medical aid was summoned during the year by a midwife, 109.

Other notifications from midwives, i.e. proposal to substitute artificial for breast feeding, stillbirth, liability to be source of infection, 62.

PREMATURE INFANTS

Arrangements are in force whereby the weights of all children born are entered on the notification of birth cards. Where the weight is $5\frac{1}{2}$ lbs. or under, special visits are made and, where necessary, premature babies can be admitted to the Maternity wing of the Brighton General Hospital.

OPHTHALMIA NEONATORUM

One case was notified, treated at home, and recovered.

THE PUERPERAL PYREXIA REGULATIONS 1951

The 17 cases notified all recovered.

CONTRACEPTIVE AND FAMILY PLANNING CLINIC

New cases treated during year belonging to Brighton were referred by

Tuberculosis Officer	...	...	2
General Medical Practitioners	...	...	59
Maternity and Infant Welfare M.O.	...	...	20
Brighton General Hospital	...	...	14
Sussex Maternity Hospital	...	...	6
TOTAL			101

Total number of attendances of all Brighton cases during the year, 433. In addition, attendances were made by 39 new cases belonging to districts outside Brighton; total number of attendances of all cases belonging to districts outside Brighton was 108.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES

The Council contributes to the funds of the Chichester Diocesan Moral Welfare Association and in addition contributes to the maintenance of Brighton women and their babies for the necessary duration of their stay in their Homes. The Association also provides the services of Social Workers.

INFANT WELFARE CENTRES

There were nine infant welfare centres at the end of the year and ten sessions were held at these centres each week.

Analysis of gross attendances :

	Number	Attendances	Average Attendance	
			per Person	per Session
Mothers	1,584	19,443	12	41
Children { 0-12 months	2,020	18,066	9	} 49
{ 1-5 years ...	903	5,345	6	

Number of medical consultations given totalled 5,175.

297 children were treated, or referred for treatment or for consultation.

PREVENTION OF CRIPPLING

Of the 305 children under 5 treated at the Orthopaedic Clinic during the year, 39 were new cases seen by the Surgeon. Five children were admitted to the Royal National Orthopaedic Hospital, Stanmore.

HOME VISITING

Home Visits included routine calls on :

Expectant Mothers : first visits	...	...	445
total visits	...	...	524
Babies under 1 year of age : first visits	...	...	2,465
re-visits	...	...	6,586
average to each child	...	...	4
Children over 1 year old : children visited	...	...	7,174
re-visits	...	...	3,316

Visits of enquiry were made as follows :

Stillbirths	...	...	...	37
Neonatal deaths (i.e. during first month)	...	...	...	35
Neglected children	...	...	...	284
Housing Problems	...	...	...	162
Aged and chronic sick	...	...	...	78
Hospital follow-up visits	...	...	...	64
Other visits concerning children	...	...	...	643
TOTAL VISITS	...	...	...	21,368

PROMOTION OF CLEANLINESS

The Health Visitors note the condition of heads and bodies of all pre-school children. Where necessary advice is given and severe cases of verminous infestation are referred to the School Clinic Annexe.

DENTAL CARE

The inspection and treatment of mothers and children under five, which was discontinued in 1950 owing to lack of staff, was resumed in April. One session per week was reserved by each of the four dentists for the treatment of these patients.

X-rays are carried out at the School Clinic.

By arrangement, a private dental technician supplies dentures as required and the necessary work is carried out in his workshop.

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treatment	Made Dentally Fit
Expectant and Nursing mothers ...	38	37	35	27
Children under five ...	188	45	43	36

(b) Forms of dental treatment provided :

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing mothers	65	38	27	42	163	—	66	5	4	6
Children under five ...	14	2	12	55	—	20	163	—	—	—

DEPRIVED CHILDREN

Close co-operation is maintained with the Children's Officer who notifies the Health Department whenever a deprived child under five is moved to a new address. This enables the Health Visitors to pay routine visits as required for all children of this age group.

Under existing arrangements, visits were paid jointly by the Children's Officer and Dr. Morrison to establishments where the wellbeing of deprived children was in doubt. Special examinations of children were made at the request of the Children's Officer.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There were on the register 4 child minders who for reward received into their homes 41 children under the age of 5 years to be looked after for the day. No new child minders were approved.

Three day nurseries are on the register ; there was one new registration during the year.

Dr. Morrison paid 10 visits of inspection.

MUNICIPAL DAY NURSERY

The Brighton Council maintains the Manor House Day Nursery, where there is accommodation for 12 children from 9 months to 2 years of age and 24 from 2 to 5 years ; during the year the average daily attendance was 26.

Prior to admission the children must be seen by a doctor to ensure they are free from infection and infestation. For this purpose 45 were seen at the infant welfare centres.

EDUCATION

Twenty-four pupil midwives attended infant welfare centres on 5 occasions each.

Twelve students studying for the Health Visitors' Certificate and two students from the London County Council attended the Maternity and Child Welfare Clinics for practical experience in the work of a health visitor. One social science student also attended.

Arrangements were made for all students to visit the Ambulance Station, Abattoir, Buckingham House Children's Home, School Clinic, Garton House Diocesan Moral Welfare Home, Chest Clinic, Mental Health Services, Manor House Day Nursery, and the Sanitary Inspectors' office.

PUBLIC HEALTH ACT, 1936, SECTION 187 (Registration of Nursing Homes)

The number of nursing homes on the register on 31st December, 1952, was as follows : Maternity Homes 1, other Homes 13, combined Maternity and other Homes 3.

All the occupied homes were visited during the year. The 17 on the register contained 12 beds for maternity cases and 169 beds for other cases.

TABLE II

INFANT MORTALITY, 1952—*Nett Deaths from stated causes at various ages under One Year of Age*

CAUSE OF DEATH	Under 1 Week		1-2 Weeks		2-3 Weeks		3-4 Weeks		Total under 4 Weeks		1-2 Months		2-3 Months		3-4 Months		4-5 Months		5-6 Months		6-7 Months		7-8 Months		8-9 Months		9-10 Months		10-11 Months		11-12 Months		Total Deaths under one Year.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Pneumonia											1					1															2		
Gastro-enteritis and colitis except ulcerative																															1		
Congenital malformations	4	3	1	1					5	4	1	1			1		2														15		
Birth injuries, post-natal asphyxia atelectasis	5	11							5	11	1																				17		
Pneumonia of new born	2		1					1	4																						4		
Other diseases peculiar to early infancy and immaturity unqualified	10	7	3						10	10																					20		
Mongolism													1																		1		
Accidental suffocation																															1		
TOTALS	19	23	1	5			1	20	29	3	1	1	2	2									1						1	1	61		

HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queens Nurses).

There were 31 whole-time and 3 part-time home nurses.

Total number of cases nursed, 5,126.

Total number of visits made, 119,424.

443 patients received nursing equipment on loan.

Eighteen students were trained during the year, of whom 4 were for the Brighton area.

AMBULANCE SERVICE

The new Ambulance Station in Elm Grove was opened officially by The Worshipful the Mayor (Alderman Miss D. E. Stringer, J.P.) on September 26th. The Station can accommodate 12 ambulances and 12 cars and has an administrative block, lecture room, and appropriate accommodation for both men and women.

At the end of the year there were 12 ambulances and 9 cars (including 6 utilicons). The staff comprised a Supervisor, Deputy Supervisor, 5 Section Leaders, 26 Driver/attendants, 8 Women drivers, and 4 Clerk/telephonists.

					<i>Ambulances</i>	<i>Sitting-Case Cars</i>	<i>Total</i>
Mileage	...	...	...	...	126,431	173,206	299,637
Patients conveyed :							
Accident and emergency	...	...	...	...	2,190	240	2,430
Others	...	...	...	...	15,160	36,645	51,805
Deceased persons and non-patients conveyed					54	78	132
Journeys :							
Patient carrying	...	...	...	...	10,596	9,635	20,231
Abortive and service, etc.	...	...	...	...	551	901	1,452

In addition the Hospital Car Service was requested to carry 1,108 patients ; the number of journeys was 748 and the mileage 12,301 ; there were 18 drivers on the register.

The average mileage per patient carried was : (a) Ambulances, 7 ; (b) Sitting-Case Cars, 5 ; (c) Hospital Car Service, 11.

PREVENTION, CARE AND AFTER-CARE—TUBERCULOSIS

			<i>Deaths</i> 1952	<i>Rate per</i> 100,000	<i>No. of</i> <i>New Cases</i> 1952	<i>Rate per</i> 100,000
Pulmonary tuberculosis	...	...	33	21.13	226	144.73
Non-pulmonary tuberculosis	...	...	2	1.28	20	12.81
All forms	...	...	35	22.41	246	157.54

The number of deaths for the year is the lowest recorded for the County Borough of Brighton.

The following table gives the number of primary notifications and other new cases which came to notice otherwise than by formal notification ; also deaths from all forms of the disease.

Age Periods.					New Cases				Deaths			
					Pulmonary		Other		Pulmonary		Other	
					M.	F.	M.	F.	M.	F.	M.	F.
0- 1	...	...	...	...	—	—	—	—	—	—	—	—
1- 4	...	...	...	...	1	1	1	—	—	—	—	—
5- 9	...	...	...	...	5	2	2	2	—	—	—	—
10-14	...	...	...	...	7	10	1	1	—	—	—	1
15-19	...	...	...	...	9	18	1	—	—	—	—	—
20-24	...	...	...	...	11	24	—	1	1	—	—	—
25-34	...	...	...	...	33	17	1	3	3	1	—	—
35-44	...	...	...	...	16	12	—	2	6	1	—	—
45-54	...	...	...	...	17	14	1	2	4	1	—	—
55-64	...	...	...	...	14	3	1	1	10	1	1	—
65 and upwards	...	...	...	...	6	6	—	—	1	4	—	—
Totals	...	...	...	...	119	107	8	12	25	8	1	1

Eighteen of the total of 35 deaths occurred in hospital, of whom 9 died in Brighton hospitals and 9 in other hospitals.

9,688 persons were examined at the Clinic during the year, of which 2,231 were new attendances.

132 patients were visited in their own homes during the year.

6,644 artificial pneumothorax refills were done during the year.

Although some cases are found to have advanced disease on first examination, on the whole patients tend to present themselves for examination and treatment at an earlier stage than a few years ago.

706 new contacts to cases of tuberculosis were examined during the year ; of these, 7 were found to need institutional treatment on first examination. It is necessary to keep contacts under observation for several years.

B.C.G. Vaccination

The Ministry of Health directs that B.C.G. Vaccination should at present be offered to tuberculin-negative contacts of cases. A total of 192 vaccinations were made during the year. B.C.G. Vaccination has been readily taken up by the public and many requests for its use are made.

The Mass Radiography Unit operated for several months during the year. Many cases have been referred to the Chest Clinic from the Unit. This service is of great value as, apart from the cases found to be in actual need of treatment, it brings to light hidden sources of infection which would otherwise remain unknown.

Many cases and their families have been rehoused during the year, and great assistance has been rendered by the Housing Committee, under difficult conditions. Six houses have been erected, designed for the use of patients who are likely to remain infectious for a long time.

Home Visits by Health Visitors :

Primary visits	...	...	225
Re-visits	...	...	1,805
Special visits	...	...	266

Total : 2,296

Home Nursing by Queen's Nurses of the Brighton District Nursing Association :

			<i>No. of Patients</i>	<i>No. of Visits</i>
Pulmonary tuberculosis	...	...	116	3,316
Non-pulmonary tuberculosis	...	...	11	256
		TOTAL	<u>127</u>	<u>3,572</u>

Assistance from Hedgcock Bequest :

				<i>£</i>	<i>s.</i>	<i>d.</i>
Milk	...	...	...	37	5	11
Care and attention	...	...	...	44	6	0
Assistance towards cost of boarding out children	...	...	...	16	14	11
Purchase of bed and bedding	...	...	...	11	14	10
Purchase of clothing	...	...	...	20	15	9
Maintenance in orphanage	...	...	...	102	0	0
Assistance towards cost of burial	...	...	...	9	0	0
Purchase of furniture	...	...	...	14	9	4
Purchase of fuel	...	...	...	2	9	2
Purchase of food parcels	...	...	...	29	18	0
				<u>£288</u>	<u>13</u>	<u>11</u>

MENTAL HEALTH SERVICE (*see also Appendix*)

Psychiatric Advisor :

Dr. W. McCartan, M.D. (Belf.), M.R.C.P. (Lond.), D.P.H., D.P.M.,
Physician Superintendent, St. Francis Mental Hospital, Haywards Heath

UNDER LUNACY AND MENTAL TREATMENT ACTS

Total number of cases dealt with was 847, of which 512 were admitted to the Observation Wards under Section 20 of the Lunacy Act 1890.

The admissions to mental hospitals, either direct from their own homes or after a period of observation, were as follows :

Voluntary	...	...	335
Temporary	...	...	4
Urgency Orders	...	...	1
Certified	...	...	167
		TOTAL	<u>507</u>

Of the total admissions to Observation Wards, 193 cases were admitted by the Duly Authorised Officers of the East Sussex Local Health Authority, but the disposal of these cases is, by agreement, performed by the Brighton Duly Authorised Officers.

General: Visits and Interviews

Interviews by administrative staff at clinic, 3,112 persons. Interviews by administrative staff at home, etc., 2,319 persons.

Included in these figures is the visitation of mental defectives under guardianship and supervision, on licence from institutions and visits for special reports for Visiting Justices, etc. ; also included are visits for preventive and after care purposes under the Lunacy and Mental Treatment Acts.

The Duly Authorised Officers received 176 calls to cases after normal office hours, from local medical practitioners, the police, hospitals, and others.

UNDER MENTAL DEFICIENCY ACTS

Forty-five cases were ascertained ; of these, 28 were notified by the Education Authority under Section 57 of the Education Act 1944 and the remaining 17 from various other sources. Five of these cases were admitted to certified institutions, 25 were placed under supervision, 2 were found not subject to be dealt with, 2 left the district, 3 died prior to action being taken, 1 was certified under the Lunacy Acts, 1 representation of the parent was withdrawn, and 6 were still pending action being taken.

Cases on Register

Number of cases at 31st December was 473, an increase of 14 cases over the previous year ; the cases were dealt with as set out hereunder :

In Institutions	...	...	208	(143 males, 65 females)
Under Guardianship	...	...	49	(22 ,, 27 ,,)
,, Supervision	...	...	210	(124 ,, 86 ,,)
Awaiting Action	...	...	6	(3 ,, 3 ,,)

Institutional Waiting List

The number of cases awaiting admission to Institutions was 19, compared with 25 at the beginning of the year ; such number was made up as follows :

Children	...	11	(7 males, 4 females)
Adults	...	8	(6 ,, 2 ,,)

the classification of such cases is : Cot and Chair 8 (5 children, 3 adults), Ambulant Low Grade 5 (4 children, 1 adult), Ambulant Medium Grade 4 (2 children, 2 adults), Ambulant High Grade 2 (both adults).

Guardianship and Supervision

The number of guardianship cases remains very much the same, actually a reduction of 4 during the year. The total number of supervision cases has risen by 9, the total increase is small owing to the fact that a number of cases which have proved their ability to fend for themselves were released from supervision during the year.

OCCUPATION AND TRAINING FOR MENTAL DEFECTIVES

The number of cases attending the Centre was 18 children and 11 adults.

BRIGHTON CORPORATION WATERWORKS

Mr. F. N. Green, Waterworks Engineer

1 The water supply of the area has been satisfactory in quality, apart from the pollution of the Falmer well, and in quantity

2. Bacteriological examinations of both raw and treated waters were made at weekly intervals in the Department's laboratory, except in certain instances where bacterial pollution was present in the raw waters, when samples of both raw and chloraminated waters were examined daily. The number of raw and treated water samples examined from each of the Pumping Stations, together with a summary of the bacteriological results obtained, is given below :

			No. of Samples Examined	No. showing presence of Coliform Organisms in 100 ml. or less	No. showing presence of Faecal Coli in 100 ml. or less	No. showing Presumptive Test negative in 100 ml.
BALSDLEAN P.S.						
Raw	...	...	52	4	2	48
Chloraminated	...	...	52	0	0	52
FALMER P.S.						
Raw	...	...	176	73	60	103
Chloraminated	...	...	208	34	0	174
PATCHAM P.S.						
Raw	...	...	61	14	8	47
Chloraminated	...	...	62	2	0	60
GOLDSTONE P.S.						
Raw	...	...	51	16	0	35
Chloraminated	...	...	50	0	0	50
MILE OAK P.S.						
Raw	...	...	2	0	0	2
Chloraminated	...	...	3	0	0	3
MILE OAK (OLD HEADING)						
Raw	...	...	30	8	0	22
Chloraminated	...	...	30	0	0	30
MILE OAK (NEW HEADING)						
Raw	...	...	45	8	1	37
Chloraminated	...	...	48	0	0	48
SHOREHAM P.S.						
Raw	...	...	49	21	11	28
Chloraminated	...	...	276	0	0	276
TOTAL	...	...	1,195	180	82	1,015

Colony counts on Agar at 22° and 37°C. on the raw waters showed some variation throughout the year but were, with the exception of Falmer, mainly of a low order. General chemical examinations of the raw waters have been made at intervals, and abbreviated chemical examinations have been carried out on most of the weekly samples throughout the last nine months of the year. The results of chemical examinations are given below, expressed in parts per million :

	Balsdean	Falmer	Patcham	Goldstone	Mile Oak Hdgs. Old New	Shoreham
Date Taken	25.11.52	25.11.52	25.11.52	24.11.52	20.10.52 24.11.52	31.3.52
Turbidity	Clear	Clear	Clear	Clear	Clear Clear	Clear
Taste	Normal	Normal	Normal	Normal	Normal Normal	Normal
Odour	Nil	Nil	Nil	Nil	Nil Nil	Nil
pH	7.3	7.3	7.3	7.3	7.3 7.3	7.4
Alkalinity (as CaCO ₃)	179.5	194.0	169.5	197.0	176.0 171.5	182.0
Chlorides (as Cl)	39.2	24.8	21.0	32.8	25.1 24.4	30.6
Free Ammonia (as N.)	0.003	0.002	0.002	0.006	0.005 0.004	0.004
Alb. Ammonia (as N.)	0.013	0.016	0.013	0.017	0.014 0.018	0.020
Oxidized Nitrogen (as N.)	5.67	5.50	4.04	8.0	— 4.81	6.0
Oxygen Absorbed	0.08	0.08	0.10	0.10	— 0.14	0.17
Temp. Hardness	179.5	194.0	169.5	197.0	176.0 171.5	182.0
Perm. Hardness	46.5	46.0	36.5	55.3	42.0 41.2	45.0
Total Hardness	226.0	240.0	206.0	252.3	218.0 212.7	227.0

In addition to the examination of the foregoing, 1,655 daily samples from taps at fixed points on the district have been examined bacteriologically, the results of which have shown the water to be of a high standard of purity.

Bacteriological examinations have also been carried out on 345 samples of water from the various service reservoirs.

A total of 3,343 samples have been examined in the Department's laboratory during the year.

3. Since all the water is obtained from the chalk, there is little likelihood of any plumbo-solvent action, and no evidence of such action has been seen.

4. Chlorination with post-ammoniation of all raw waters is practised continuously, and regular surveys of the catchment area are carried out. In the event of any raw water showing pollution, such surveys are intensified, the chlorine dosage is increased and ammonia dosage decreased, and daily bacteriological examinations of raw and chloraminated waters are carried out.

5. The particulars of the number of dwelling-houses and the population supplied from public water mains (a) direct to the houses and (b) by means of standpipes are given below :

<i>Town</i>	<i>Supply</i>		<i>Population</i>
	(a) <i>Direct</i>	(b) <i>Standpipe</i>	
Brighton County Borough	43,877	Nil	157,800
Hove Borough	19,460	Nil	69,780
Portslade U.D.C.	4,355	Nil	13,572
Southwick U.D.C.	3,702	Nil	11,000
Shoreham-by-Sea U.D.C.	3,973	Nil	13,052
Lancing (Worthing R.D.C.)	4,274	Nil	13,000
Telscombe }	591	Nil	1,883
Falmer }	58	Nil	232
Stanmer } Chailey R.D.C.			

Figures included in those given for
Brighton County Borough

SANITARY ADMINISTRATION

The work accomplished in 1952 was fairly satisfactory but, because of staff leaving the town and having to engage junior inspectors for each vacancy, the achievements are not impressive. The present minimum national scales of salary and inability to offer housing accommodation does not attract the experienced inspector to apply for any vacancy, consequently the training of junior inspectors is more or less a permanent duty.

The work of the Food Hygiene Section suffered particularly during this year, two of the Inspectors engaged on that work having left. Replacement staff was engaged but without having the qualifying certificate of Meat and Other Foods Inspector ; this caused a sharp decline in the routine inspection of food premises and disorganised the food hygiene programme.

During the year slum clearance was commenced, a small area of 8 houses being represented. The Council have agreed to allocate 75 houses in 1953 for slum clearance and 200 in each succeeding year. Work is now actively proceeding in this most important branch of work.

A special survey was made of the housing conditions of persons whose names were registered at the Chest Clinic. Reference is made to this in the report and to the need of the Ministry of Housing and Local Government to adopt a "new standard of fitness for houses". When the Housing Act 1949 was first introduced it was anticipated that the improvement of housing conditions would steadily forge ahead. This has not been the case, mainly because of the present state of repair of houses after years of neglect. In practically all applications submitted for grants under this Act the cost of putting the house into a proper state of repair has been included, and when the owner finds that he cannot obtain a grant for this work, but only on the

cost of the improvements effected, he is no longer interested and the property is allowed to deteriorate still further.

The annual Conference of the Sanitary Inspectors' Association was held in Brighton in September last. The business sessions were all well attended, especially when Dr. Charles Hill, Parliamentary Secretary to the Ministry of Food, addressed the Conference. The social functions were much appreciated, and I cannot allow this opportunity to pass without thanking the Mayor, Alderman Miss D. E. Stringer, for her generous welcome to the Conference and for taking part in our various sessional meetings.

SANITARY INSPECTION

In the following tables the work of the Sanitary Inspectors is stated, as far as possible, in tabular form :

Inspections for 1952

Nature of Inspections

Houses under the Public Health Act	...	...	...	...	12,838
Houses under the Housing Acts	...	...	...	...	2,525
Housing Department, applications	...	...	...	...	179
Section 60 P.H.A. 1936 (fire escapes)	...	...	...	...	136
Underground rooms	...	...	...	...	327
Houses let in lodgings	...	...	...	...	62
Overcrowding	...	...	...	...	125
Stables	...	...	...	...	89
Abattoir for meat inspections (full days)	...	...	...	...	59
Knackers yards and marine stores	...	...	...	...	40
Hawkers' barrows	...	...	...	...	285
Offensive trades	...	...	...	...	61
Tents, vans and sheds	...	...	...	...	236
Schools	...	...	...	...	207
Sampling	...	...	...	...	2,148
Urinals and public conveniences	...	...	...	...	211
Closets	...	...	...	...	256
Cesspools	...	...	...	...	136
Sewers and street gullies	...	...	...	...	106
Drainage—defective	...	...	...	...	560
tested	...	...	...	...	124
Yards, courts and passages	...	...	...	...	338
Animals or birds	...	...	...	...	233
Accumulations	...	...	...	...	479
Smoke abatement observations	...	...	...	...	145
Verminous premises	...	...	...	...	416
Rodent Control	...	...	...	...	31
Water supply	...	...	...	...	202
Nursing Homes	...	...	...	...	72
Interviews	...	...	...	...	2,697
Miscellaneous	...	...	...	...	2,601
Rag Flock Acts	...	...	...	...	90
Pharmacy and Poisons Act	...	...	...	...	191
Cowsheds	...	...	...	...	19
Piggeries	...	...	...	...	146
Shops Acts	...	...	...	...	892
Fertilizer and Feeding Stuffs Act	...	...	...	...	22
Aged persons	...	...	...	...	122
Food Inspection	...	...	...	...	491
Merchandise Marks Acts	...	...	...	...	156
Pet animal shops	...	...	...	...	72
Infectious diseases	...	...	...	...	3,291
Special housing enquiry	...	...	...	...	2,216

The sanitary inspections enumerated in the preceding table have been followed by the serving of notices given in the next table. A large proportion of the work is done as a result of verbal recommendations or preliminary notices.

<i>Defects</i>						<i>No. of notices served</i>
To remedy defective drainage ... ..	...	...	...	...	...	315
To repair roofs, walls, seats or doors of W.Cs. ... ..	...	...	...	...	...	172
To pave or re-pave yards, sculleries, or forecourts ... ..	...	...	...	...	...	28
To remove accumulations ... ..	...	...	...	...	...	45
To discontinue keeping animals ... ..	...	...	...	...	...	7
To provide new dustbins ... ..	...	...	...	...	...	243
To repair roofs ... ..	...	...	...	...	...	455
To hack off defective external plastering of walls and re-render ... ..	...	...	...	...	...	87
To render walls ... ..	...	...	...	...	...	63
To repair walls ... ..	...	...	...	...	...	63
To repair or provide rain-water guttering or piping ... ..	...	...	...	...	...	175
To repair defective chimneys ... ..	...	...	...	...	...	57
To renew or repair and paint window-frames and sashes ... ..	...	...	...	...	...	141
To make windows open for ventilation ... ..	...	...	...	...	...	17
To ventilate rooms ... ..	...	...	...	...	...	1
To fix air bricks in front and back walls ... ..	...	...	...	...	...	13
To provide sashlines ... ..	...	...	...	...	...	142
To lay new board floors and provide ventilation under same ... ..	...	...	...	...	...	60
To repair flooring of rooms and staircases, baluster-rails, etc. ... ..	...	...	...	...	...	126
To repair internal plastering of walls or ceilings ... ..	...	...	...	...	...	313
To cleanse rooms, bedding, etc. ... ..	...	...	...	...	...	4
To repair washing coppers ... ..	...	...	...	...	...	14
To repair fire grates ... ..	...	...	...	...	...	118
To supply new scullery sink with lead waste pipe ... ..	...	...	...	...	...	18
To renew, repair, or lengthen waste pipes of sinks ... ..	...	...	...	...	...	33
To remedy other defects ... ..	...	...	...	...	...	166
Number of sewer defects found and made good ... ..	...	...	...	...	...	50
To provide new w.c. pan, etc. ... ..	...	...	...	...	...	11

Legal proceedings were instituted under Section 168 of the Housing Act, 1936, against the owner of a house for failing to comply with a notice requiring information as to the nature of his interest in the property. He was fined £5.

Under Sections 10 and 22 (3) of the Rag Flock and Other Filling Materials Act, 1951, action was taken against a firm of upholsterers for selling an article in which unclean filling materials had been used. The case was proved and a fine of £2, with £3.11.0 costs, was imposed upon the defendant.

Proceedings were commenced, under Section 94 of the Public Health Act, 1936, in a case where an Abatement Notice had not been complied with. The case was adjourned and the works were carried out during the adjournment.

One application was made under Section 47, National Assistance Act, 1948, for the removal to hospital of an aged person living in insanitary conditions. An order to this effect was granted by the Court.

RATS AND MICE DESTRUCTION

Three operators are employed full-time on this work and two men are employed part-time on rodent control and part-time on disinfection work.

The normal sewer maintenance treatments were carried out during the year and the block control system used in all appropriate cases.

Total complaints investigated (primary visits) ... ..	...	...	...	...	...	775
Total visits made for treatment ... ..	...	...	...	...	...	2,836
Total premises treated ... ..	...	...	...	...	...	709
Survey visits ... ..	...	...	...	...	...	2,224

VERMIN DISINFESTATION

606 visits were made to verminous premises by the disinfestation staff and 272 rooms in 253 houses were fumigated. Fees amounting to £262.12.6 were received from the owners of these properties.

HOUSING

Number of houses completed during 1952 :

Private builders completed 147 dwellings, converted 7 houses into 14 flats, 1 block of 4 flats, 1 flat over 4 garages.

The Corporation completed 667 houses and flats.

REQUISITIONING

Number of requisitioned premises 206

Families accommodated 444

Number of persons rehoused .. adults 928 ; children 641

SLUM CLEARANCE PROGRESS

	<i>During 1952</i>	<i>Total under Slum Clearance Programme</i>
Number of Unfit Houses in Clearance Areas demolished ...	4	1,026
Number of other Houses in Clearance Areas demolished ...	—	56
Number of Individual Unfit Houses demolished (Statutory action)	—	106
(Informal action)	—	108
Number of Individual Unfit Houses Closed but not demolished	—	8
Number of parts of dwelling houses closed	4	268
Number of dwelling houses rendered fit for human habitation by Formal action	—	514
Number of dwelling houses rendered fit for human habitation by Informal action	50	2,000
Number of persons displaced from Individual Unfit Houses...	—	556
Number of persons displaced from Houses in Clearance Areas	13	4,631
Number of persons displaced from parts of buildings ...	13	84

Bedford Buildings Area :

Nos. 1, 2, 3, 15, 16, 17, 18 and 19 Bedford Buildings were represented as a clearance area on 25th January, 1952. A compulsory purchase order was made and a Public Inquiry by an Inspector from the Ministry of Housing had Local Government was held on 10th September, 1952. The Order has been confirmed by the Minister without modification.

Survey

A special housing survey was carried out during the year, involving 2,216 visits. All persons who were on the registers of the Chest Clinic, for any purpose, were visited. The main object was to check the registers in a short space of time and as the staff at the Clinic could not cope with this extra work the Sanitary Inspectors were employed.

A note was made of the living conditions of the persons visited. It was found that 34.5% of cases had no bathroom in the house ; 40% had no means of obtaining an immediate supply of hot water, and 30% had no indoor sanitation.

There have been spectacular improvements in the medical aspects of lung diseases and conditions, but there is much to be done to improve the environmental conditions of patients. Every house should have a bathroom, constant hot water, and indoor sanitation, but with this group of the popu-

lation these amenities should be considered to be essential. When the last population census was taken much useful information on these lines was obtained, whilst in 1946 a new standard of fitness for houses was prepared by the Standards of Fitness for Habitation Sub-Committee of the Central Housing Advisory Committee. The official reaction was such that it was anticipated that this standard would be officially adopted, giving a more modernistic approach to the problem of slum clearance and reflecting the improvement in housing conditions over the past 25 years.

The official standard of fitness, as laid down in 1919, is unfair to a large section of the population. It perpetuates the paying of rent for old worn-out houses with no modern amenities. It is to be hoped that the Housing Act, 1949, can be amended so as to attract owners of property to carry out works of improvement and that a new official standard of fitness will soon be adopted.

THE LOCAL ADMINISTRATION OF ACTS RELATING TO SHOPS, FACTORIES, WORKPLACES, BAKEHOUSES, AND OUTWORKERS

Factories Act, 1937

VISITS AND INSPECTIONS

Factories	..	..	..	..	1,307
Workplaces	..	..	..	..	193
Outworkers	..	..	..	..	141

NOTICES SERVED

Want of cleanliness (Sec. 1)	..	..	..	..	44
Unreasonable temperature (Sec. 3)	..	..	..	..	2
Inadequate ventilation (Sec. 4)	..	..	..	..	23
Drainage of floors (Sec. 6)	..	..	..	..	3
Insufficient sanitary conveniences (Sec. 7)	..	..	..	..	23
Unsuitable or defective sanitary conveniences (Sec. 7)	..	..	..	..	25
Sanitary conveniences not separate for sexes (Sec. 7)	..	..	..	..	6

Shops Act, 1950

Visits and inspections and interviews	..	..	..	..	2,842
Check visits under Section 1	..	..	..	..	7,020
Check visits under Sections 2 to 8	..	..	..	..	2,560
Check visits under Part IV	..	..	..	..	6,250
Complaints investigated	..	..	..	..	145
Visits under Young Persons Employment Act, 1938	..	..	..	..	68

NOTICES SERVED

Sec. 1. Shops failing to close on weekly half holidays	..	..	..	..	89
Sec. 2. Shops failing to observe hours of closing	..	..	..	..	10
Sec. 12. Hawkers and stall-holders warned	..	..	..	..	26
Sec. 13. Shops where several trades or businesses are carried on failing to observe the conditions prescribed	..	..	..	..	49
Sec. 17. Failing to give Statutory weekly half holidays to assistants	..	..	..	..	11
Sec. 19. Failing to provide intervals for meals	..	..	..	..	13
Sec. 22. Failing to give compensatory holiday in respect of Sunday employment	..	..	..	..	18
Sec. 37. Failing to provide seats for females	..	..	..	..	26

Legal Proceedings

Proceedings were instituted under the Shops Act, 1950, against shopkeepers, resulting in three fines of £1 and one of £3 for failure to comply with requirements of Sec. 1, and one fine of 10/- for failure to close on Sunday in accordance with Sec. 47.

A person occupying premises registered under Sec 53 of the Act was reported to the Jewish Tribunal, London, for failing to observe the special conditions laid down. The case was proved and the trader's name removed from the register of persons having a conscientious objection to trading on the Jewish Sabbath.

Applications and Petitions

Two applications were received and Orders were made under Sec. 42 of the Act in respect of Exhibitions held at the Dome and Corn Exchange.

An application was received and dealt with under the first schedule of the Act for the suspension of the weekly half holiday in respect of a Fair held at the Dome and Corn Exchange.

One Order was made under Sec. 40 of the Act on behalf of traders situated in a specified area of the town, dealing with china and glassware, suspending the operation of the weekly half holiday during the summer months.

Three applications were received from persons of the Jewish religion who made statutory declarations for the purpose of trading under the provisions of Sec. 53.

An Order was made suspending the weekly half holidays for the two weeks prior to Christmas.

Theatres and Cinemas

379 visits were made to places of public entertainment during the year. In general, conditions were good and any minor contraventions of the licensing conditions were rectified by informal action.

As a result of recommendations put forward by this Department, one theatre in the town has commenced the installation of a complete new ventilation system, another theatre is providing additional and improved dressing-room accommodation, and plans are now in preparation to provide additional exits to another large place of entertainment.

FOOD

5,709 visits were made to premises where food is prepared, stored, or sold, as follows :

Butchers' shops	...	...	279	Other food shops	...	...	842
Fish shops	...	...	203	Restaurants, etc.	...	...	1,077
Grocer shops	...	...	370	Bakehouses	...	...	242
Flour confectionery shops	...	...	253	Other food factories	...	...	376
Sugar confectionery shops	...	...	339	Ice cream premises	...	...	576*
Stalls and vehicles	...	...	271	Licensed premises	...	...	325
Markets/cold stores	...	...	82	Milkshops	...	...	474

*Does not include sampling visits

NOTICES SERVED

Food-preparing Premises

To cleanse rooms and yards	...	...	...	...	25
To provide ventilation	...	...	...	...	18
To provide washing facilities	...	...	...	...	59
To cleanse and repair floors	...	...	...	...	38
To cleanse and repair walls and ceilings	...	...	...	...	103
To provide adequate lighting	...	...	...	...	6
To provide constant hot water	...	...	...	...	249
To provide intervening ventilated space to W.Cs.	...	...	...	...	8
To cleanse apparatus, equipment, and utensils	...	...	...	...	30
To provide protected food display and storage facilities	...	...	...	...	40
To provide additional sanitary accommodation	...	...	...	...	8

During the year all hospitals in the town were visited and the main kitchens, ward kitchens, serving rooms, etc., were inspected. It was found that the serving of food was carried on in rooms attached to wards where bed-pans, etc., were taken for emptying and cleansing. Some of these rooms were totally unsuitable. In some hospitals there was a lack of proper washing facilities in rooms where food was prepared and/or served. A comprehensive report was made to the Hospital Management Committee, resulting in the re-modelling of kitchens and many minor improvements.

Owing to staff changes and increased activity in slum clearance work it was not possible to improve on the previous year's programme in food hygiene. There are some 3,000 premises in the area which deal with food-stuffs in one form or another and one large scale outbreak of food poisoning could do incalculable harm to the seasonal prosperity of the town. In a sea-side resort there must be constant vigilance, especially during the summer months, in this aspect of environmental hygiene. The months of greatest activity are also the months when the staff look forward to taking their annual leave, and with school holidays, etc., consideration must be given to the requests made. It is estimated that the summer population of this town is nearly double the residential population so that the inspectorate based on residential population is fully extended during the summer months.

FOOD AND DRUGS ACT 1938

Milk

Samples analysed : formal, 21 ; informal, 64.

Six informal samples were reported as deficient in solids not fat and one sample was found to be deficient in fat and solids not fat. Formal samples were immediately taken from the producers concerned. The results were similar, but the Public Analyst stated that in every case the freezing point was that of genuine milk. The County Milk Production Officer was asked to visit the farms in an advisory capacity.

One sample of sterilized milk was found to be slightly below the legal standard of solids not fat. The milk had been bottled by a London firm, to whom a warning letter was sent. Subsequent samples from that dairy proved satisfactory.

All samples were tested for preservatives and artificial colouring matter with negative results.

The County Veterinary Officer and the County Milk Production Officer have given this Department very valuable co-operation during the year in all matters within their respective provinces.

Samples of Food and Drugs other than Milk

Number of samples analysed 168, as follows :

Tea	5	"Veglax" tablets ...	1	Halibut oil capsules ...	1
Coffee	4	Iodine	1	Sulphur and lime tablets	1
Jellies	4	Gelatine	5	Crystallised ginger ...	1
Fish and meat paste ...	2	Glycerine	3	Coconut	2
Cooked meats	2	Synthetic cream ...	3	Dates	1
Cake and pudding mixtures ...	4	Baking powder ...	3	Molasses	1
Sausages	23	Olive oil	4	Welsh rarebit	1
Sauces and condiments	13	Bicarbonate of soda ...	1	Tinned fruit	1
Preserves	13	Tapioca	6	Dried peas	2
Ice cream	32	Flavouring materials ...	2	Soft drinks	2
Herbs	3	Cochineal	1	Sherbet	1
Aspirin	6	Salted almonds	2	Haricot beans	1
Dr. Cassell's tablets ...	1	Glace cherries	4	Rice	2
		Camphorated oil ...	1	Saccharine	2

Two samples of pork sausages, taken informally, were found deficient in meat content. Subsequent formal samples were reported as satisfactory. The manufacturers were interviewed and given warnings and no samples taken since then have been unsatisfactory.

The Public Analyst reported that a sample of olive oil was genuine but of high acid value with incipient rancidity. The vendor, on being informed of this, voluntarily surrendered the remainder of his stock of that oil.

Moulds were found on the cork and in the liquid of a bottle of lemon squash. A letter was written to the manufacturers, who asked for the return of the empty bottle to enable them to investigate the matter.

A sample of pickling condiment, correctly labelled and chemically satisfactory, was contained in a bottle which had previously contained malt vinegar and had those words embossed upon the glass. To avoid any possibility of mistake in future the position was brought to the notice of the manufacturers. The firm withdrew that particular consignment from sale and have since discontinued the use of bottles of that type.

FERTILIZERS AND FEEDING STUFFS ACT 1926

Twenty-two visits were made to premises under the above-mentioned Act.

Seventeen samples of fertilizers were taken and of these 2 samples of hop manure were reported as having a small excess of phosphoric acid. As this manure is not included in the schedule no legal action could be taken, but the results were communicated to the firm concerned.

Two samples of feeding stuffs were reported as being satisfactory.

SAMPLES SUBMITTED TO BACTERIOLOGICAL EXAMINATION

Nature of Article	Number Examined	Found Satisfactory	Found Unsatisfactory	Remarks
Pasteurised milk	280	274	6	Seven of the results included as "unsatisfactory" were invalidated owing to excessive laboratory temperatures during the tests.
Pasteurised (Channel Island) milk	69	68	1	
T.T. (Pasteurised) milk	126	124	2	
T.T. (Pasteurised) Channel Island milk	69	64	5	In the remaining cases the dairies concerned were visited and follow-up samples taken, all of which proved satisfactory.
Sterilised milk	45	44	1	
Tuberculin Tested milk	69	65	4	These unsatisfactory samples were all bottled outside the Borough. Every case was referred to the County Milk Production Officer for investigation.
Tuberculin Tested Channel Island milk	185	180	5	
Bottle rinses ...	172	172	—	
Water ...	144	144	—	390 in Grades I and II 90 in Grade III 44 in Grade IV
Ice cream ...	524	390	134	

The number of samples taken for bacteriological examination shewed a five-fold increase on the previous year. Because of the poor results in 1951 an Inspector was detailed to be responsible for the collection of samples and the results obtained have justified this change.

The bacteriological standard of milk supplies was very good and the periodic checks made on the efficiency of milk-bottle washing machines in the various dairies in the town gave very gratifying results.

It would appear to be disappointing to have only 75% of ice cream samples in Grades I and II. During the year an investigation was carried out in regard to the sale of soft ice cream, and also the methods of transport of ice cream mix from London and other places. Many Grade III and Grade IV results were obtained during this investigation which resulted in the supply of special pouring devices being supplied with two-gallon cans of ice cream mix and also an improved method of packing such cans for transport. Soft ice machines take about half-a-gallon of ice cream mix at one fill, and as the mix is usually supplied in two-gallon cans it will be appreciated that there is need for special care in the storage of the opened cans. The filling cup on these machines usually precludes pouring direct from the can into the machine and in addition there is, in many instances, a depressed lip to the cans holding the mix, which forms a reservoir of potential contamination for the next pouring process.

Additionally it was noted that coloured ice cream, strawberry, peppermint, banana, orange, etc., were mostly placed in Grades III and IV, although vanilla ice cream from the same batch was in the first two Grades. It would appear that the colouring matter had some effect on the methylene blue.

EXAMINATION OF MILK FOR TUBERCLE BACILLI

Forty-eight samples of milk were submitted for biological examination during the year. All samples were negative.

A report was received during April that a sample of tuberculin-tested milk taken in East Sussex had shown the presence of *Brucella Abortus*. As the producer concerned was sending a quantity of bottled milk into Brighton he was given notice under Article 20 of the Milk and Dairies Regulations, 1949, that no milk from his herd was to be sold for human consumption until it had been pasteurised. The notice remained in force until the affected cow was isolated by the veterinary inspector and removed from the herd.

WATER SUPPLY

During the year 70 samples of water were taken. One well showed an increase in bacterial contamination in the untreated water but the chlorination process rendered it quite safe for drinking purposes. The sudden increase of bacteria called for close liaison between the Waterworks and Health Departments. Inspections of the watershed area were carried out and unsatisfactory drainage systems were found on two farms. In one case the farmer, instead of spreading the discharge from the drains over the six outlets provided, had allowed one outlet to be in continuous use for more than six months, which led to a highly contaminated area being concentrated in one place. In another case the farmer had not made efficient use of the drainage system installed. Since certain modifications have been carried out these farm drainage systems are working satisfactorily.

The drainage arrangements provided for the public conveniences in a sports ground on the watershed area were reported on as also were cottages with pail closets and houses with cesspools. It is to be hoped that in the not too distant future this area will be satisfactorily sewered to remove this

potential danger to the water supply. Reliance is based on the chlorination of the water being efficient, but it is much more satisfactory to remove the cause than to treat the result.

SWIMMING BATHS

Thirty-three samples of water from the swimming baths in the town were taken during the year.

As a result of unsatisfactory samples being obtained from a school swimming bath a new circulation and chlorination plant is to be installed.

The majority of the samples proved to be very satisfactory but it is necessary for regular and frequent sampling to be carried out. The information provided is of value to the maintenance staff employed at the baths and assists them to maintain a satisfactory swimming-bath water.

Forty-two samples of sea water were taken during the year for bacteriological examination.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

Ninety visits were made during the year and 29 samples were taken, of which 26 complied with the statutory requirements ; 2 samples were taken of materials not specified in the Regulations.

The samples taken include

Rag flock	Sized wadding
Coir	Feathers
Hair	Curled woollen flock
Cotton millpuff	Straw
Kapok	Rubberised hair
Algerian fibre	Wood wool
Jute	Wood chippings

All the above filling materials, with the exception of wood wool and wood chippings, are materials to which the Act applies. Samples of the exempted articles were taken to obtain information as it would appear that wood worm could possibly be introduced into premises by these means ; such a danger either does or can exist and some sampling should be done to prove or disprove such danger. Wood wool or chippings are not required to be treated to kill any insects or parasites and their eggs, larvae and pupae.

The samples which did not comply with the requirements of the Act were one sample of feathers and two of straw.

The manufacturers concerned were not local firms but, with the co-operation and assistance of the Chief Sanitary Inspectors of the appropriate districts, two of the firms were visited. In one instance the firm, whose products were at fault, purchased the filling materials from a further firm. This purchase carried a warranty but the manufacturer did not, in turn, pass on this warranty to the retailer. It was arranged at this meeting that the giving of warranties to retailers should be reported to the Manufacturers Association and some uniformity of action obtained. The local branch of the Chamber of Commerce and Trade was interviewed and they agreed to undertake to notify all retailers of goods coming within the scope of the Act and Regulations to endorse on all order forms that goods supplied must conform to the requirements of the Act. Prior to this action being taken it was found that no retailers in this town were aware of the provisions of the Act.

A successful prosecution was taken against a firm using straw in upholstery and another firm was severely cautioned for a similar offence.

The practice of selling second-hand and reconditioned articles requires close supervision. It was found that persons engaged in reconditioning articles were using second-hand filling materials in new covers. The articles in question were thin mattresses for perambulators, together with two smaller cases which could be used as pillows and sold as a set. There was no indication on the articles to show that they were reconditioned and were supplied to retailers without a warranty.

A set was purchased and the filling materials did not comply with the requirements of the Act. This was the first intimation that the goods were reconditioned, although the premises at which they were made up was not registered with the local authority. The makers were engaged in re-making customers' own materials and reconditioning second-hand articles for the trade and were, therefore, not required to be registered. They occasionally made up these "pram sets" with surplus materials.

Arrangements have been made with the makers to have labels stitched on the articles bearing the words "Reconditioned Filling Materials".

I suggest that the exemption section in the Act in regard to second-hand and reconditioned materials should be revised.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

For the Ministry of Food:

Cattle, 11,181 ; Calves, 8,401 ; Sheep, 20,032 ; Pigs, 18,083.

For Private Individuals:

Goats, 7 ; Pigs, 119.

	Beasts	Calves	Sheep and Goats	Pigs
Number inspected	11,181	8,401	20,039	18,202
<i>All diseases except Tuberculosis.</i>				
Whole carcasses condemned ...	35	41	17	32
Carcasses of which some part or organ was condemned	6,166	24	3,285	1,333
Percentage of the number inspected affected with disease other than tuberculosis	55.46	0.77	16.48	7.50
<i>Tuberculosis only.</i>				
Whole carcasses condemned ...	76	20	—	33
Carcasses of which some part or organ was condemned	2,697	—	—	609
Percentage of the number inspected affected with tuberculosis ...	24.80	0.24	—	3.53

Casualties

Included in the above Ministry of Food slaughtering figures are animals which were sent in to the Brighton Abattoir by reason of injury, disease, or contact with contagious disease. In 1952 the total casualties amounted to : 88 Beasts, 66 Calves, 31 Sheep, and 1,436 Pigs. Total condemnation was necessary in respect of 13 Beasts, 2 Sheep, and 32 Pigs.

Average Number of Animals Slaughtered per Working Day during 1952

	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.
Number of Working Days	52	28	50	53	52	51	50
Beasts	1	22	50	43	43	42	24
Calves	1	—	68	44	31	18	1
Sheep and Goats ...	1	32	79	58	84	107	39
Pigs	4	37	50	89	86	70	30

Total weight of edible meat and offals condemned at the Abattoir during 1952 :

131 tons 5 cwts. 1 qtr. 19 lbs.

FOODSTUFFS FROM MARKETS AND SHOPS SURRENDERED
FOR CONDEMNATION

Baby food	69	tins	Margarine	7½	lbs.
Bacon	1274½	lbs.	Meat (tinned) ...	9820	tins
Beef	69½	„	Meat and fish paste	67	lbs.
Bread, cake mixtures, etc....	812	„	Milk (tinned) ...	2024	tins
Cereals	1161	„	“Morfat”	40	lbs.
Cheese	879½	„	Mutton	180¾	lbs.
Crab	1209	„	Pickles, condiments and		
Eggs	49½	doz.	flavouring	391	lbs.
Escallops	95	„	Pork	140	„
Fish (wet)	6072½	stone	Pork rinds	672	„
Fish (dried)	2393	„	Poultry	430	„
Fish (tinned)	9256	tins	Preserves	1141	tins
Fruit (tinned)	8532	„	Rabbits	360	lbs.
Fruit (dried)	1166½	lbs.	Sausages	584	„
Fruit squash	96	botts.	Shrimps	8	bags
Ham	5460	lbs.	Soup	706	tins
Jelly	34	pkts.	Sugar/flour confectionery	1575½	lbs.
Lobsters	16½	lbs.	Vegetables (tinned)	5662	tins

DISEASES OF ANIMALS ACTS

Tuberculosis Order of 1938

Under the above Order, fifteen premises were reported to the Divisional Veterinary Officer, Ministry of Agriculture and Fisheries, as a result of finding congenital tuberculosis in fourteen calves and non-congenital tuberculosis in three calves slaughtered at the Brighton Abattoir. As a consequence of visits and inspections of the herds, eleven cows were destroyed and four investigations produced negative results.

Upon post-mortem examination, nine cows were found to be affected with advanced tuberculosis within the meaning of the Order, whilst the other two cows had tuberculosis, but not in an advanced stage.

Swine Fever Order of 1950

Eight cases of suspect Swine Fever were reported to the Animal Health Division of the Ministry of Agriculture and Fisheries. In two instances swine fever was confirmed in connection with a smallholding which carried 448 pigs. Of these pigs, 276 healthy contacts were slaughtered at the Brighton Abattoir, whilst the remainder were destroyed or died and were cremated.

In five instances investigations involving the post-mortem examinations of eight pigs that had died on smallholdings were carried out and no evidence of contagious disease was found. In the remaining instance, involving twelve contacts slaughtered at the Brighton Abattoir, swine fever was not confirmed.

Foot-and-Mouth (Infected and Controlled Areas) Orders of 1938

The County Borough of Brighton has been included in six Infected and four Controlled Areas during the year and 561 licences for the movement of animals were issued under these Orders. All premises where movement of animals into or within the County Borough had taken place were visited during the prescribed period by Police Officers.

In June the carcase of a cow that had died in a herd under surveillance as Foot-and-Mouth Disease contacts was received at a local knacker's yard. As the carcase was being boned out, the knackerman recognised foot-and-mouth lesions and immediately notified the Ministry of Agriculture and Fisheries. The knacker's yard was declared a Foot-and-Mouth Disease Infected Place, the carcase cremated, and stockholders within two miles' radius were prohibited from moving their animals for 28 days.

In July a heifer was suspected of suffering from foot-and-mouth disease, but this was not confirmed by the investigation carried out by the Ministry of Agriculture and Fisheries.

Anthrax Order of 1938

Two premises, where the sudden death of a pig had occurred, were declared to be Infected Places within the meaning of this Order. The pig carcasses were cremated and the premises disinfected. Laboratory investigations carried out by the Ministry of Agriculture and Fisheries proved that the pigs had not been affected with Anthrax.

Fowl Pest Orders of 1936 and 1947

All cases of sudden illness or death in poultry, suggestive of fowl pest, were reported to the Ministry of Agriculture and Fisheries. Seven outbreaks of fowl pest were confirmed and restrictions prohibiting movement of poultry were imposed on fourteen contact premises in the County Borough.

Sheep Scab Order of 1936

Two notifications of intention to dip sheep were notified and arrangements made for a Police Officer to be present at the sheep-dipping to ensure that the requirements of the above-mentioned Order were complied with.

Slaughter of Animals Act, 1933

Twenty-seven slaughtermen were holding licences on 31st December, 1952.

Protection of Animals Act, 1911

A successful prosecution was taken by the Royal Society for the Prevention of Cruelty to Animals against the owner of a sow for causing unnecessary pain and suffering by depriving the sow of care and attention. The owner was reported by the Abattoir Superintendent to the Society because of the sows' condition upon arrival at the Abattoir from a smallholding outside the County Borough.

Regulation of Movements of Swine Order, 1950

All swine arriving on premises in the County Borough were visited by Police Officers during the prescribed period. Twenty-four visits were made by the Inspector of the Local Authority, on request, because of suspicious illness, and four pigs were slaughtered at the Brighton Abattoir within the prescribed period.

APPENDIX

SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS AS REQUESTED BY THE MINISTRY OF HEALTH IN CIRCULAR 29/52

1. *Administration*

The local Health Services are provided in Brighton by the Health Committee acting on behalf of the County Borough Council. The Health Committee has appointed three Sub-Committees, as follows :

- (a) Health Services Sub-Committee which deals with the Ambulance Service, Mental Health, Tuberculosis, and general matters of after-care.
- (b) Maternity and Child Welfare Sub-Committee.
- (c) Home Nursing Sub-Committee.

Co-opted members of the following bodies serve on the Health Committee and appropriate Sub-Committees.

Brighton and Hove Branch Royal College of Nursing.
Brighton Local Dental Committee.
Brighton, Hove and District Branch Pharmaceutical Society of Great Britain.
Brighton, Hove and District Optical Association.
Brighton Local Medical Committee.

The Medical Officer of Health is the Medical Adviser to the Health Committee and is responsible for the administration of certain of the services. Other local Health Services are independent of his administration. Details are given in the appropriate sections.

2. *Co-ordination and co-operation with other parts of the National Health Service*

A co-ordinating committee has recently been established in the area of the Brighton and Lewes Hospital Management Committee to examine matters needing co-ordination. Two members of the Health Committee have been appointed to this Committee.

The Medical Officer of Health is a member of the Local Medical Committee of the Executive Council and of the Group Medical Committee of the Hospital Management Committee but does not have access to the Executive Council or the local Hospital Management Committee.

The staff of the Local Authority co-operate on an *ad hoc* basis with the hospital and general practitioners in the care of patients. The arrangements are effective as far as they go but are hampered by the complex and confused administrative arrangements of the Local Authority Health Services. They could be considerably improved if arrangements were made for the Medical Officer of Health to administer and co-ordinate the services provided by the Local Health Authority. Without this co-ordination it is difficult to improve the situation either by seeking a better liaison with the hospitals or by proposing changes in the staff.

Co-operation with the hospitals and general practitioners in the town is largely in dealing with the many problems of old people and with the disposal of patients to hospital. In dealing with old people there is the additional work of co-ordination with the Welfare Services Department.

While the happiest relations exist between the two departments, yet the dual responsibility means the greatest attention to avoid either duplication of effort or the missing of attention to some vital point due to a misunderstanding by either department. This extra anxiety and work does not exist in many other areas where the Health and Welfare Services are combined as one Department.

A guide to the Local Health Services was published after the appointed day to guide both doctors and the public about the availability of Local Health Services. It is anticipated that this will be revised and re-issued in due course.

3. *Joint use of staff*

There is no arrangement for the joint use of staff with the exception of the provisions at the Chest Clinic. Here the medical officers and clerical staff are provided by the Hospital Service and the health visitors, acting as part-time clinic nurses, are provided by the Local Health Authority.

4. *Voluntary Organisations*

As will be indicated in the detailed consideration of certain aspects of the service, the services of voluntary organisations are brought into the scope of the Local Health Authority Services.

PARTICULAR SERVICES

5. *Care of Expectant and Nursing Mothers and Children under School Age Ante-natal and Post-natal Clinics*

Ante-natal and post-natal clinics are provided at the Sussex Maternity Hospital, Brighton General Hospital, and the Municipal Clinic, Sussex Street.

General practitioners and midwives' cases attending the Municipal Clinic who are in need of specialist advice are referred to the Brighton General Hospital, with which there is excellent co-operation.

The Ralli Laboratory, Royal Sussex County Hospital, carries out blood testing.

Mothercraft training is by direct teaching by the midwives and medical officers.

Maternity outfits are supplied by the Local Health Authority.

Unmarried Mothers

The Chichester Diocesan Moral Welfare Association acts as agent for the Health Department in the care of unmarried mothers and is reimbursed by an annual fixed grant. Cases are referred for ante-natal care to the Municipal Ante-natal Clinic if not already booked at the hospital. There is general supervision by the Local Health Authority and liaison with the hospital almoners. Use is made of the Mother and Baby Home at Eastbourne.

Child Welfare

There are nine Municipal Infant Welfare Centres. A doctor and health visitors attend at each. No general practitioners are employed : the medical staff of this section are the Senior Assistant Medical Officer for Maternity and Child Welfare and a part-time Medical Officer serving on a sessional basis.

Use is made of the following School Health Service Clinics :

Orthopaedic with Consultant Orthopaedic Surgeon.

Refraction Clinic with Consultant Ophthalmologist.

Child Guidance Clinic with Consultant Psychiatrist.

Speech Therapy.

Care of Premature Infants

The weight of all infants is entered on the birth notification cards. Where the weight is below 5½ lbs. special visits are made and, where necessary, premature babies can be admitted to the Brighton General Hospital.

Supply of Dried Milks, etc.

Facilities are provided at the Infant Welfare Centres for the local Food Office staff to distribute government welfare foods. No facilities are provided for the distribution of other nutrients.

Dental Care

The School Dental Service is fully staffed and a proportion of their time is devoted to mothers and young children.

6. DOMICILIARY MIDWIFERY

The Domiciliary Midwifery staff is provided from three sources financed by the Corporation :

(a) District Municipal Midwives on the staff of the Health Department.

(b) Sussex Maternity Hospital District Midwives.

(c) Queen's Nurses part-time District Midwives.

There is no co-ordination of work between the Sussex Maternity Hospital staff and the others. The Medical Officer of Health has no administrative control of the work of the hospital domiciliary service. The Queen's Nurses co-operate fully with the Health Department.

The Senior Assistant Medical Officer for Maternity and Child Welfare of the Brighton Health Department is the Medical Supervisor of Midwives. There is no non-medical supervision of midwives. The medical supervision of midwives not directly employed by the Health Department is confined to the statutory requirements.

All Domiciliary Midwives are qualified to administer analgesics. Each Municipal Midwife has a gas-and-air machine. The part-time Queen's Nurses share one machine.

Pethidine is used by all Domiciliary Midwives. The Municipal Midwives and the Queen's Nurses obtain supplies on a doctor's order or directly. Supervision of drug supplies is by the Medical Supervisor of Midwives, who checks purchases against stock and records. The Sussex Maternity Hospital staff obtain supplies from the hospital dispensary.

Ante-natal Supervision

Municipal Midwives and Queen's Nurses attend the Municipal Ante-natal Clinic and in the homes of the patients.

Sussex Maternity Hospital Domiciliary Midwives attend Hospital Ante-natal Clinics and in the homes of the patients.

Ante-natal supervision is also provided by general medical practitioners with facilities for laboratory specimens to be taken at the Municipal Ante-natal Clinic.

Selection of Cases for Hospital Confinement

Lists of names are received by the Medical Officer of Health from the Brighton General Hospital and Sussex Maternity Hospital. Health Visitors aid the Medical Officer of Health in his assessments for admission to hospital on social grounds.

Refresher Course for Midwives

The Matron of the Sussex Maternity Hospital states : "Midwives do refresher course where necessary. Midwives in rotation attend some course (Royal College of Midwives). Two attended a special course for Domiciliary Midwives only. Leave with pay is given for this purpose."

Municipal Midwives are sent in rotation annually (i.e. one every three years) for a Royal College of Midwives' Course. Leave with pay is granted.

Queen's Nurse Midwives refresher courses started in 1951 and it is hoped that each will be sent in turn annually. Leave with pay is granted.

Training of Pupil Midwives. The Sussex Maternity Hospital has a Part II Training School.

7. HEALTH VISITING

The Health Visiting Service is separate from the School Nursing Service and the Tuberculosis Health Visiting Service. In 1952 ten full-time Health Visitors and one part-time Health Visitor were employed on general duties. In view of the heavy infant case load little work other than the visiting of expectant and nursing mothers and of young children has been possible. Special cases of socio-medical need are investigated as required by the Medical Officer of Health. The Health Visitors deal with notifications of whooping cough and measles. Two Health Visitors are sent on refresher courses annually. In addition, every opportunity is taken of sending Health Visitors to special meetings or other occasions of educational value.

In 1952 the Council approved a scheme for the increase of the Health Visiting establishment by four, including a Senior Health Visitor. At the same time a scheme was adopted for the training of Student Health Visitors at the courses held regularly in Brighton. This increase is due for implementation in the financial year 1953-1954.

8. HOME NURSING

The Home Nursing is carried out on a separate agency basis by the Brighton District Nursing Association in affiliation with the Queen's Institute of District Nursing. The Medical Officer of Health has no administrative control. The following details have been supplied by the District Nursing Association.

Administration of Home Nursing in the County Borough is delegated to the Brighton District Nursing Association in affiliation with the Queen's Institute of District Nursing.

The Headquarters of the District Nursing Association is situated in the centre of the town. There are eight single districts on the outskirts of the town and these are grouped in three areas for relief purposes. Combined midwifery and home nursing is undertaken on three of the single districts and general nursing only on all other areas.

The Association has two male nurses and employs both resident and non-resident staff. Supervision of the nurses is undertaken by the Superintendent and her Assistants.

The main Home is a Key Training Home for the tuition of Queen's District Nurse Students. Students are trained for other counties, county boroughs, and non-county boroughs as well as for its own staff and the Home participates in the training of Health Visitors and of Queen's Nurse Students.

Co-ordination and co-operation are achieved as follows :

- (1) Hospitals.
 - (a) Direct telephone messages.
 - (b) Use of printed message form through the postal service.

- (2) Medical Practitioners.
 - (a) Personal contact.
 - (b) Direct telephone messages.
 - (c) Use of printed message form either through the patient or relative, or through the postal service.
- (3) Domiciliary Visits from Specialists.
Doctors may make arrangements for nurse to meet the specialist at the patient's residence.
- (4) Welfare Officers and Auxiliary Officers both statutory or voluntary.
 - (1) Personal contact.
 - (2) Direct telephone messages.

Night Service. One nurse available for late morphia injection up to 9 p.m. when necessary.

Restricted "Sitters up" Service in operation for selected cases.

Refresher Courses. Administrative Staff : one place each year at Roffey Park Course for Junior Administration.

Training for district nurses for the staff is undertaken with other students in the Headquarters of the Home.

Suggestions for improving Service :

- (1) Patients returning home from hospital could be supplied with enough dressings for the first dressing and given a printed card to be handed to the doctor, stating the type of dressing that had been used. The doctor could then issue a prescription for further supplies of suitable dressings.
- (2) Great saving in surgical dressings could be made by nurses obtaining supplies from a central pool rather than by issuing prescriptions for each individual patient.
- (3) The nurses are, at times, attending patients alone in rooms or houses with no one to care for them between nurse's visit, often without food, heating, or a change of personal and bed linen. These patients usually resent a neighbour being called in and have often antagonised neighbours and friends so that they are unwilling to help. It would seem that more effort must be made to provide suitable accommodation for older people before these conditions arise, and in the meanwhile more beds be made available to deal with this type of patient during an emergency.
- (4) There is a great need for an efficient laundry scheme incorporating a frequent collection and delivery service which should be extended to all incontinent patients as well as those patients whose circumstances need it, either financially or because of lack of facilities for home laundry.

The Home Help Scheme needs to be extended to include the chronic sick and infirm.

The Mobile Meals Service also needs to function more frequently than at present and should include diets suitable for invalids.

- (5) The Red Cross Society and St. John Ambulance Brigade might be approached to supply voluntary workers for the nursing of the elderly and infirm. Many of these, although needing help such as usually given by relatives and friends, do not need the services of a fully trained nurse.

9. VACCINATION AND IMMUNISATION

Diphtheria immunisation is carried out by Medical Officers of the Health Department and also of the separate School Health Service.

Local Medical Practitioners carry out both diphtheria immunisation and smallpox vaccination.

The Health Visitors constantly maintain propaganda directed to infant vaccination and immunisation. All Infant Welfare Centres provide facilities for primary immunisation at eight months of age, and mothers are told to bring the children back again at age four and a half for a booster dose.

No major educational campaigns have been carried out to press for these protective measures. As a result of the outbreak of smallpox in 1950-51, half of the population were vaccinated : it is probable that for a number of years the population will remain "vaccination-conscious".

10. AMBULANCE SERVICE

The Ambulance Service operates 12 ambulances and 9 sitting-case cars. The service is very efficient and the mileage per patient for a service without radio control is probably down to a minimum. Efficient operation is aided by running arrangements whereby vehicles from nearby Health Authorities are brought into a co-ordinated scheme controlled by the Brighton Ambulance Service so that wherever possible a return journey with an empty Ambulance is avoided. This is of the greatest value in reducing mileage and cost as Brighton is a hospital centre on which many outside ambulances converge each day. The Ambulance Station adjoins the Brighton General Hospital and is connected by direct telephone line with the Royal Sussex County Hospital, thus ensuring an immediate link with the two main medical centres of the town.

A new type of railway stretcher has been introduced which makes for extra comfort and convenience in dealing with patients travelling by rail. It is noted that the use of rail travel for long distance journeys shows a marked economy over motor journeys.

11. PREVENTION, CARE AND AFTER-CARE

(i) *Tuberculosis*

This work is carried out almost entirely from the Chest Clinic which is a modern building erected for the purpose by the Local Authority and taken over by the Reginal Hospital Board. The staff consists of a Consultant Chest Physician and a Senior Hospital Medical Officer of the same speciality. These two Physicians devote eight-elevenths of their time to clinical work and for three-elevenths of their time are on the staff of the Medical Officer of Health for preventive work.

Prevention

The field work of prevention is carried out by the two full-time and one part-time Health Visitors. They also act as Clinic Nurses.

A regional Hospital Board Mass Radiography Unit is available full-time for four months each winter.

Care

The care of the patient and his family involves regular examination of the individuals at the Chest Clinic and also routine visits to the home by the Health Visitor as has been the practice for many years. The patients have, of course, the full facilities of the National Health Service Curative Services at their disposal.

After-Care

After-care is carried out on the recommendation of the Chest Physicians and Health Visitors through the Medical Officer of Health. Grants are made for milk, bedding, clothing, and such other necessities as may seem desirable. In this connection an extremely flexible fund, the Hedgcock Trust, is of great value in supplementing the more formal financial provisions under Section 28 of the National Health Service Act. It is administered by the Medical Officer of Health on behalf of the Health Committee.

The provision of housing is often essential in the treatment of tuberculosis. All such cases are considered on the recommendation of the Chest Physician who advises the Medical Officer of Health. A special type of Council House has been built to accommodate sputum-positive cases and six such houses are being provided.

A certain amount of equipment for diversional or occupational therapy has been provided by the Local Health Authority but no formal occupational therapy unit has yet been set up.

(ii) *General Illness*

By a financial provision it has been possible to aid those needing a recuperative holiday. In addition, nursing appliances are provided through a depot at the Queen's Nursing Headquarters. Facilities have also been provided for grants for travelling allowances for relatives visiting patients in distant hospitals.

12. DOMESTIC HELP

The Domestic Help Service is organised on the basis of the financial equivalent of 31 full-time home helps under the supervision of a part-time Home Help Organiser. The service caters exclusively for acute cases of need of domestic help and for maternity cases. A few indefinite commitments have been accepted subject to half-yearly survey of the circumstances. Proposals for the employment of special Home Helps for dealing with old people found living in squalor will come into effect subject to acceptance for the financial year 1953-54.

There is no scheme for training Home Helps.

13. HEALTH EDUCATION

It has not been possible to secure financial provision for a scheme of continuous health education of the population. An annual contribution of two guineas is made to the Royal Society for Prevention of Accidents.

14. MENTAL HEALTH

Administration.

- (a) The Committee responsible is the Health (Health Services) Sub-Committee.
- (b) The staff employed in the Services are as follows :

- Executive Officer.
- 3 Duly Authorised Officers.
- 1 Female Mental Health Visitor.
- 2 Shorthand/typists.

Of the Duly Authorised Officers, two hold the Relieving Officers Certificate, and one of these the Clerical Assistants Certificate of the Poor Law Examination Board.

- (c) The co-ordination of services between Mental Hospitals, Mental Deficiency Institutions and this local authority is used to the fullest extent.

Joint use of officers. The Psychiatric Social Worker of St. Francis Hospital continues to attend at the Clinic attached to the Mental Health Office at regular intervals for the purpose of co-operation with the work of the Duly Authorised Officers.

The duties of visitation of patients on licence from Mental Deficiency Institutions is carried out and, as and when requested, assistance is provided in the supervision of patients on trial from Mental Hospitals.

- (d) With the exception of the administration of Occupation Centres for mental defectives and domiciliary handicap care for the mentally handicapped, the whole of the work required by the local health authorities in the Mental Health Service is performed by the authority's own officers. Arrangements are made whereby the Guardianship Society, a voluntary body, arrange for Occupation Centres under the Mental Deficiency Acts, and this Authority sends suitable patients to such Centres at an agreed cost.
- (e) No arrangements have been made for training to be introduced for officers of the Mental Health Service, but it is understood that the appropriate Committee will give full co-operation to any scheme required by the Minister for such training.

Account of work undertaken in the Community

- (a) *Prevention, Care and After-care*

A weekly Out-Patient's Clinic is held by the Physician-Superintendent of St. Francis Mental Hospital at the Brighton General Hospital by arrangement with the Brighton and Lewes Hospital Management Committee where he interviews cases of neurosis and psychosis. He also, by arrangement with this local health authority, interviews cases referred by the Magistrates Court and Probation Officers, and other cases in which it is deemed more advisable, in their own interest, that they should be seen at the Mental Health Services Offices, Princes Street, Brighton, rather than at a hospital.

A Follow-up Clinic is held fortnightly at the Herbert Hone Clinic, the Psychiatrist being provided from the staff of St. Francis Hospital, and it is hoped that within a reasonable time this Clinic will be extended to a weekly basis. After-care services are provided for neurosis and psychosis cases discharged from H.M. Forces and those discharged from the Mental Hospital, and aid is sought from different voluntary bodies for instruction to be given.

- (b) *Lunacy and Mental Treatment Acts*

The Duly Authorised Officers carry out their duties as laid down under the Lunacy and Mental Treatment Acts for the initial action in respect of persons alleged to be of unsound mind, carrying out their duties of removal to hospital, certification, and so on as laid down under the Act.

The Duly Authorised Officers, in addition to their statutory duties, secure social histories and do visits of a preventive and after-care nature.

- (c) *Mental Deficiency Acts*

Co-operation is maintained with local Medical Practitioners, Hospitals, etc., to assist where cases of sub-normal young children are found. The Certifying Medical Officer, who is the Senior Assistant School Medical Officer, is immediately notified of such cases for examination and report.

There continues to be difficulty in obtaining vacancies for low grade mental defectives, but until recently no great difficulty was experienced in obtaining vacancies for the higher grade type, such as cases appearing before the Courts.

Guardianship and supervision

Regular visits were made to all cases under guardianship supervision at home.

Occupation and training for mental defectives

Suitable cases attend the Occupation Centre maintained by the Guardianship Society at the Grace Eyre Woodhead Memorial, Old Shoreham Road, Hove.

The Junior Centre is full time and the children are provided with meals and milk. A special bus is used to convey the children to and from the Centre. The Senior Centres are on a part-time basis.

Administration

All General Practitioners, Hospitals and local bodies have been notified that the Mental Health Service, which is situated at the Herbert Hone Clinic, 15/17 Princes Street, Brighton, is the centre of all statutory duties under the Lunacy, Mental Treatment and Mental Deficiency Acts for the administrative County Borough of Brighton and particulars have been supplied, denoting a round-the-clock service. Lectures have also been provided to General Practitioners, in refresher courses, and to the general public and voluntary bodies.

After presenting details of the various services provided I feel that it is appropriate to make the following comment on a particular matter which affects the efficiency of the Health Department in its protection of the community. The situation has arisen directly as a result of the implementation of the National Health Service Act.

Infectious Disease

Prior to 1948 the Medical Officer of Health was in charge of the Isolation Hospital. He was available as the Specialist in infectious disease and with him rested the responsibility for the diagnosis of cases of infectious disease, their admission to hospital and their discharge after appropriate tests for cure. In view of his responsibility for the control of infectious disease this organisation was essential if trouble was to be avoided. It is necessary to mention that, in controlling infectious disease, the isolation of patients and certain of their contacts is essential. The true function of the isolation hospital is to protect the community by providing isolation facilities. At the same time curative treatment of the actual cases is undertaken but this is secondary to the principle of their isolation so that they may not infect others.

In 1948 this organisation was broken up. The Medical Officer is still responsible for the control of infectious disease but he is now deprived of any power to permit the admission of infectious disease cases or contacts to the Isolation Hospital. He is no longer responsible for the diagnosis of cases and, as he has no access to the hospital, he is not permitted to retain his familiarity with these diseases. He no longer has the power to decide when the cases about to be discharged are free from infection so that he can assure himself that they are being released in the community in a non-infectious state. He has no access by right to the bacteriological findings of the patients at any time they are in hospital or on discharge. At the present time in all these matters he has to rely on the courtesy and co-operation of the medical staff of the hospital service which may, or may not, be forthcoming. Meanwhile the community remains at risk and the Medical Officer of Health, under these adverse circumstances, remains responsible for the protection of the community.

Since the appointed day the town has already had a grim example in the smallpox outbreak where, under the new scheme, a case was admitted to and lay in the isolation hospital for nine days before the Medical Officer of Health knew anything about her. He was not responsible for the admission or diagnosis nor would he have heard anything at all until the general flare-up in the town if it had not been by coincidence that the patient's father was admitted to the isolation hospital in a dying condition, again unknown to the Medical Officer of Health until he was called in in a hurry. What has happened in the past can happen again and while it is to be hoped that nothing as serious as the smallpox episode will occur for many years, yet the same sort of thing on a much reduced scale is always happening. It is not sufficient to rely on the courtesies of personal contact: the full responsibility for the diagnosis and treatment of infectious disease should be returned to the Medical Officer of Health. It is not necessary for him once more to take on the lay aspect of the administration of the staff and premises but the matters of diagnosis, admission, treatment and discharge should again be placed in his hands.

19th February, 1953.

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

W. S. PARKER

M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

1952

BRIGHTON

PELL (BRIGHTON) LTD., 105 CHURCH STREET—(B18466)

SCHOOL CLINIC,
SUSSEX STREET,
BRIGHTON.

May, 1953.

*To the Local Education Authority for the
County Borough of Brighton.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report as your School Medical Officer, for the year 1952.

Before proceeding further I wish to mention the untimely death of Dr. Isabella Bisset who, as Assistant School Medical Officer, spent almost her whole medical lifetime in the service of this Authority. Dr. Bisset was widely known and respected and the individual tributes to her work which have since been received are marks of the esteem in which she was held.

The present year, which is the first full year of my office, has been spent in an examination of the School Health Service. As a result of this I wish to lay the following conclusions before you. My endeavour has been to achieve, wherever possible, a higher standard of child care by the Corporation Health Services. It must not be forgotten that the child is a developing individual until maturity is achieved and that care must be linked with the home environment for which there is no outside substitute. The proposals I submit would achieve an integrated child health service with a more efficient use of staff and consequent economy of working.

At the present time a child, until attaining the age of school entry, is under the care of the Health Department. On entry into school the child is removed from the Health Department and passes to the care of the School Health Service of the Education Department. On leaving school the adolescent returns to the care of the Health Department and maintains that contact for the rest of its life. Each Department employs its own separate doctors and health visitors.

The break in continuity is undesirable and the same health team should provide care throughout in the same way that the family doctor continues irrespective of age.

Where there is more than one child in the family the process becomes financially wasteful to the Corporation as well as being undesirable. In these instances the Health Department team are interested in the pre-school child and mother : the School Health team are at the same time occupying themselves with the school child. This is a common occurrence. It means that two health visitors, one from the Health Department and one from the Education Department, can be visiting the home and interviewing the mother on the same day and even at the same time, whereas this could be done by the attendance of one such nursing officer in the combined role of health visitor and school nurse. At the same time a single medical officer should be dealing with all the children of the family both as infants and as scholars and, by his overall knowledge of the family, gained by general public health work including combined Infant Welfare and School Health duties, should be in a better position to judge of health matters affecting the household. No amount of conferences, exchange of reports and histories, telephone conversations, or any other attempts at linking two separate services can achieve the same effect as the creation of an integrated child health service in which the same health team can deal with all the problems arising from ante-natal life, birth, growth, and development.

While advancing the basic principle of the desirability of a single health team dealing with the preventive and socio-medical problems of the mother and her growing family the following points must be emphasized.

The health visitor is required under the National Health Service Act to be the medico-social adviser to the whole household.

The defects in the home environment of the family, including children of all ages, are the responsibility of the Health Department, in terms of personal relationships through the health visitor and in terms of the material environment through the sanitary inspector. In addition, preventive mental health work is the responsibility of the Health Department. This has a bearing on the methods of dealing with, for example, family defects including the "problem family".

Conversely, the speech defects of children below school age are not matters to be dealt with by the speech therapist alone: the child needs constant care in the Infant Welfare Service and in addition may need mental assessment by medical officers qualified and experienced in ascertainment to determine whether what appears in the first instance to be a speech defect is in actual fact a manifestation of mental deficiency. This then demands the attention of the Mental Health Division of the Health Department.

By creating a single service it is possible to anticipate the problems of defective children before they are brought within the official supervision of the present School Health Service: by this means preparation can be made in advance to deal with known defects instead of awaiting the formal medical examination of school entrants.

By the unification of the service all the staff are available for all duties. The problem of holiday reliefs and vacancies of one sort or another can be dealt with without delay. What is more important is that, in the recruitment of medical and nursing staff, the wider field of interest is much more attractive and brings in a better response to advertisements. It should be noted that the pay for combined appointments is the same as for the present separated appointments.

Under such a scheme the medical inspection of school children would not suffer as adequate time would be provided for the Service. Action to aid what is now the separate School Health Service could be initiated in the pre-school years. At the same time the health problems of school children would be related to their homes where these problems are of greater significance. It must not be forgotten that the home is the centre of the life of the school child and that the six hours a day for some forty weeks spent in school is a relatively small proportion of daily life. The transfer of the present School Health Service of the Authority to the Health Department would abolish the isolated position of the care of the school child and would place him under the care of a department whose whole interest and purpose is the care of health, both personal and environmental, of the whole family.

I am of the opinion that a unified Health Service of this type would be of greatly increased benefit to the child population and at the same time would be an economy in medical and nursing manpower which would reflect itself to the financial advantage of the borough in that better results would be achieved for the same outlay of money now spent on two separate services.

In this report statistical analysis of the work of the School Health Service includes comments on the day-to-day work, and I wish to mention my indebtedness to Dr. Peters for the preparation of this data. I also wish to express my appreciation of the continuing interest of the Chairman and Members of the School Services Sub-Committee of the Education Committee in the work of the service in the past year.

I have the honour to be, Mr. Mayor, Ladies and Gentlemen,
Your obedient Servant,

W. S. PARKER,

School Medical Officer.

MEMBERS OF COMMITTEES AS AT 31st DECEMBER, 1952

EDUCATION COMMITTEE

Chairman : Councillor G. FitzGerald

THE WORSHIPFUL THE MAYOR (ALDERMAN MISS D. E. STRINGER, J.P.)	COUNCILLOR H. W. KING
ALDERMAN T. P. CULLEN	„ E. W. KIPPIN
„ J. A. T. LEAK	„ H. J. ROBBINS
„ E. SIMMS, J.P.	„ A. J. SADLER
„ CHAS. H. TYSON, B.Sc.	„ J. C. SHERROTT
COUNCILLOR D. S. Y. BAKER, M.B.E.	„ MISS E. M. SHORT. M.R.S.T.
„ A. E. BASSETT	„ MISS J. M. K. SIMMONS, M.A.
„ MRS. A. H. BEVIS	MR. E. W. R. EDE
„ W. H. G. BUTTON	MRS. S. FOWLER
„ B. A. CRABB	MR. C. R. GERRARD
„ A. P. DE BAUGHN	MR. T. A. MARKHAM
„ G. HEAD	MRS. M. G. MILLS, M.A.
„ MRS. E. M. HIDER	MRS. A. MYERSCOUGH, J.P., B.A.
„ A. KENMURE	THE REV. CANON F. N. ROBATHAN, O.B.E., M.A.
	MR. W. STEWART, M.C., M.A.

SCHOOLS SERVICES SUB-COMMITTEE

Chairman : Alderman J. A. T. Leak

THE WORSHIPFUL THE MAYOR (ALDERMAN MISS D. E. STRINGER, J.P.)	COUNCILLOR HEAD
COUNCILLOR BAKER	„ MRS. HIDER
„ MRS. BEVIS	„ ROBBINS
„ BUTTON	„ MISS SHORT
„ DE BAUGHN	MR. EDE
„ FITZGERALD	MRS. FOWLER
	MISS ASHCROFT

MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Chairman : Councillor Button

THE WORSHIPFUL THE MAYOR (ALDERMAN MISS D. E. STRINGER, J.P.)	COUNCILLOR ROBBINS
ALDERMAN LEAK	„ SADLER
COUNCILLOR DE BAUGHN	„ MISS SHORT
„ FITZGERALD	MR. EDE
„ HEAD	MR. GERRARD
	MRS. BRANFORD

SCHOOL HEALTH SERVICE STAFF

Medical Officers

W. S. PARKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H., School Medical Officer.

I. D. M. NELSON, M.B., B.Ch., B.A.O., D.P.H., Deputy School Medical Officer.

L. B. PETERS, M.B., B.S., Senior Assistant School Medical Officer.

L. D. WILLIAMS, T.D., M.R.C.S., L.R.C.P., D.P.H., Assistant School Medical Officer.

I. M. G. BISSET, M.B., Ch.B., Assistant School Medical Officer (to 25/4/52).

A. O'CALLAGHAN, M.B., Ch.B., D.C.H., Assistant School Medical Officer (from 16/9/52).

J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon (part-time).

Dental Officers

D. MACKAY, L.D.S., Senior Dental Surgeon.

B. A. RILOT, L.D.S., R.C.S., Assistant Dental Surgeon.

PAULINE OSIS, D.D.D., Assistant Dental Surgeon.

C. S. NEAME, L.D.S., R.C.S., Assistant Dental Surgeon (from 3/3/52).

Speech Clinic

Miss J. ASHDOWN, L.C.S.T.

Orthopaedic Clinic

Miss J. M. GOLDSMITH, M.C.S.P., Senior Physiotherapist.

MRS. D. McNULTY, M.C.S.P., Assistant Physiotherapist (from 30/1/52).

School Nurses

Miss E. DENT, Senior School Nurse

MRS. M. REED

Miss V. M. BURR

Miss M. J. RAFFERTY

Miss E. M. LEWIS

Clerical Staff

MR. F. N. WRIGHT

Miss P. DAVIS

Miss V. I. NANSCAWEN

Miss J. LANGSTON (Orthopaedic Clerk)

Dental Attendants

Miss D. SILVER

Miss B. MARSHALL

Miss B. CHILDS

Miss P. STRONG (from 26/5/52).

Schools Maintained by the Authority

The following summary shows the number of schools maintained by the Brighton Education Authority and the attendance of children thereat during the Educational year ended 1951/52 :

				<i>No. of Schools</i>	<i>Average No. on Registers</i>	<i>Average Attendance</i>
County Secondary	..	..	..	16	6,369	5,844
Voluntary Secondary	..	..	..	1	255	228
County Primary	..	..	..	32	10,185	9,104
Voluntary Primary	..	..	..	14	2,753	2,471
Totals	..	..	..	63	19,562	17,647
Hollingdean Day Special School	..			1	100	88
Nursery Schools	..	..	..	2	77	64
Brighton, Hove and Sussex Grammar School	..	..	..	1	515*	471

*Of these, 245 pupils belong to Brighton

261 to East Sussex

9 to other Education Authorities.

MEDICAL INSPECTION

The children inspected in the age groups prescribed by Regulation 49 (2) (a), (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945, numbered 4,203, the figure for the previous year was 4,554. In addition to this number, 1,316 children of various ages not within the specified age groups (a), (b) and (c) were inspected. The groups inspected were :

(a) Children inspected as soon as possible after the date of admission to a maintained school for the first time	..	1,678
(b) Children inspected during the last year of their attendance at a maintained Primary School	.. ..	1,354
(c) Children inspected during the last year of their attendance at a maintained Secondary School	.. ..	1,171
Total	.. ..	4,203
Others	.. ..	1,316
Grand Total	.. ..	5,519

In Secondary Grammar Schools pupils were inspected in the following age groups :

(a) Entrants

(b) 14 + group

(c) 16 + group

Pupils attending the Hollingdean Special School for Educationally Sub-Normal Pupils* were examined in all age groups. All children from outside the Borough were inspected as soon as possible after their admittance to a maintained school.

The percentage of children found to require treatment was : Group (a), 37·24 ; Group (b), 24·89 ; Group (c), 17·76 ; Others, 29·18. 204 new cases of defective vision were found at the routine medical inspections.

The attendance of parents at school medical inspection remained approximately the same as in the previous year. 94% of parents attended the initial examination of entrants ; 64% attended the intermediate examination, and 16% attended the medical examination of school-leavers.

The three routine medical inspections carried out during the normal school life of a child appears inadequate and it seems that there is a good indication for reverting to the previous age groups of 5, 8 and 11 years with an extra examination before children leave school.

Location of Clinics

Central School Clinic, Sussex Street, Brighton	Mornings and Afternoons
Moulseccomb Branch Clinic (Moulseccomb Senior Boys' School). Minor ailments	Thursday afternoons
Whitehawk Branch Clinic (Whitehawk Senior Boys' School). Minor ailments	Friday afternoons
Patcham Branch Clinic (Patcham Infants' School). Minor ailments ..	Alternate Wednesday afternoons
Carden Branch Clinic (Carden Infants' School). Minor ailments	Alternate Wednesday afternoons

Number of Attendances at Clinics. (The figures in brackets here, and throughout the Report, are the corresponding figures for 1951.)

At Central School Clinic :

32,725 (28,042) made by 12,772 (9,840) children.

At Moulseccomb Branch Clinic :

484 (497) ,, ,, 219 (229) ,,

At Whitehawk Branch Clinic :

427 (453) ,, ,, 239 (210) ,,

At Patcham and Carden Branch Clinics :

82 (79) ,, ,, 44 (67) ,,

Other Particulars

Special inspections at Clinic and Schools by Medical Staff	3,996 (4,855)
Reinspections at Clinic and Schools by Medical Staff	6,892 (11,510)
Attendance of parents at inspections	2,920 (2,868)
Refusals of medical inspection	14 (13)
Visits to School Departments by School Nurses ..	446 (429)
Cleanliness examinations of children in school by Nurses	64,467 (59,358)
Home visits by Nurses	472 (434)

MEDICAL TREATMENT

Defect	No. of Children Treated		Re-examinations		Total Attendances		Discharged	
External Eye :								
Blepharitis ...	101	(39)	284	(73)	385	(112)	101	(34)
Conjunctivitis ...	172	(131)	597	(437)	769	(568)	171	(120)
Others ...	174	(135)	505	(342)	679	(477)	165	(129)
Ear :								
Earache ...	254	(243)	536	(514)	790	(757)	250	(224)
Otorrhoea ...	80	(65)	373	(286)	453	(351)	61	(42)
Deafness ...	41	(23)	66	(17)	107	(40)	40	(19)
Skin :								
Ringworm, scalp ...	—	(—)	—	(—)	—	(—)	—	(—)
„ body ...	17	(14)	86	(41)	103	(55)	14	(13)
Scabies ...	29	(31)	29	(31)	58	(62)	29	(31)
Impetigo ...	101	(138)	333	(374)	434	(512)	96	(126)
Miscellaneous ...	1,827	(1,636)	4,310	(3,860)	6,137	(5,496)	1,731	(1,327)
Other skin ...	484	(499)	1,005	(1,281)	1,489	(1,780)	389	(250)
Orthopaedic ...	1,372	(1,324)	5,983	(6,088)	7,355	(7,412)	434	(217)
Speech ...	243	(162)	2,311	(2,055)	2,554	(2,217)	67	(66)
Visual ...	324 Referred to National Health Service							

With the opening up of new housing estates in recent years there is a case for providing a more comprehensive medical and nursing service in the branch clinics. Fares have been increased, and it must often be difficult for a mother to afford to bring a child down to the centre of Brighton for treatment of minor ailments, sometimes at a cost of several shillings per week. This might mean that full use is not made of the service provided.

An arrangement could be made whereby children residing or attending school near a branch clinic could attend and receive medical and nursing attention for minor conditions which so often entail repeated attendances for treatment. This would increase the effectiveness of the Service.

Tonsil and Adenoid Operations

During the year 528 children were referred to the Sussex Throat and Ear Hospital. The number of operations performed was 393.

Visual Defects

324 children were found to be suffering from defective vision without squint, 204 being discovered at routine medical inspection and 120 at the Inspection Clinics. These cases were referred to the Supplementary Ophthalmic Services under the National Health Service Act for treatment.

In the course of the year, 129 children were found to be suffering from squints, with or without demonstrable defective vision. These cases were referred to specialists at the Sussex Eye Hospital.

Children suffering from squint made 997 attendances to see the Ophthalmic Surgeon at the Sussex Eye Hospital, 360 children had spectacles prescribed, and 107 children made 3,876 attendances at the orthoptic treatment centre : 119 children had operative treatment.

Cardiac Clinic

The arrangement whereby children with various types of cardiac conditions are seen and in necessary cases, kept under periodic supervision, continued during the year.

The table below gives a description of the types of case referred to the cardiologist. It serves to illustrate the important fact that most of the children who have an abnormal sound in their heart have no cause for concern as to their future, and that the severe case of heart trouble is a comparative rarity.

Table of Types of Heart Defect

	Infants	Juniors	Seniors	Total
Mitral stenosis	—	1	—	1
Aortic stenosis	—	1	—	1
Congenital pulmonary stenosis ...	—	—	1	1
Patent ductus arteriosus	1	—	—	1
Septal defect	3	—	1	4
Early pulmonary hypertension ...	2	—	—	2
Incidental and innocent murmurs ...	26	14	20	60
Diagnosis not established	6	1	2	9
Heart healthy	17	7	6	30
	55	24	30	109

109 new cases were referred during the year (48 girls and 61 boys) and 135 old cases (54 girls and 81 boys) were re-examined.

Skin Conditions

There was nothing remarkable about the year's work except that the improvement in the number of cases of scabies in school children was maintained, 29 for 1952 as against 31 for 1951.

Pediculosis

The reduction of the number of cases of scabies is paralleled by a similar reduction in the number of children suffering from pediculosis, 490 in 1952 as against 517 in 1951.

It is interesting to note that the number of children found suffering from pediculosis in 1939 was 1,792 as compared with 490 in 1952. As the figure was not then materially affected by wartime conditions, the difference can be assumed to be due to the work done at the Cleansing Station where cases receive thorough treatment at an early stage and thus they do not infect other children to the extent that occurred when such treatment was not available.

Needless to say, this calls for no feeling of complacency and the state of things cannot be considered completely satisfactory until there are no more cases of pediculosis. To achieve this happy state of affairs it is necessary to take into account the family as a whole as it sometimes happens that members of the family not attending school are the source of infestation and thus infestation recurs in the child of such a family.

At the Cleansing Station the number of attendances for treatment was :

Verminous condition	..	..	968	(948)
Scabies cases	..	..	29	(31)

The number of Cleansing Orders issued was 3.

The School Nurses made an average attendance of 7 visits to each school, and made 64,467 (59,358) examinations.

Handicapped Pupils

The following shews the number of children ascertained in the various categories during the year requiring education at special schools :

(a) Blind Pupils	..	..	..	—	(1)
(b) Partially-sighted Pupils	..	..	..	2	(4)
(c) Deaf Pupils	..	..	..	—	(2)
(d) Partially-deaf Pupils	..	..	..	4	(3)
(e) Delicate Pupils	..	..	..	64	(55)
(f) Diabetic Pupils	..	..	..	—	(—)
(g) Educationally Sub-normal Pupils				27	(22)
(h) Epileptic Pupils	..	..	..	1	(—)
(i) Maladjusted Pupils	..	..	..	6	(4)
(j) Physically Handicapped Pupils	..	..	..	5	(5)
(k) Pupils suffering from Speech defects				—	(—)

13 children received tuition at home under arrangements approved by the Minister of Education, 11 being physically handicapped, 1 an epileptic, and 1 maladjusted.

In addition to the 27 children requiring education in a special school for educationally sub-normal pupils, 8 children were recommended for education in ordinary schools.

During the year the names of 28 children were recommended for notification to the Health Authority.

As the term indicates, handicapped pupils are in most cases fairly severely handicapped both as regards their ability to take full advantage of the educational curriculum and also their ability to earn a living. It would therefore appear logical that some special help would be needed both during their school life and afterwards to enable them to compensate for their handicap. This requires an integrated scheme to deal with the difficulties arising after such children leave school.

In connection with the provision of help for handicapped children at school, there is little doubt that the absence of a school for delicate and physically handicapped children represents a serious gap in the medical services of Brighton.

Hollingdean Day Special School for Educationally Sub-normal Pupils

In 1952, 20 children left, 20 were admitted.

Number on register on December 31st, 1952, 100.

The excellent work done by this school continued in 1952. It is good to record that at last a more worthy building is to be built in the coming year.

Speech Clinic

During the year, attendances have been higher and more regular than during the preceding four years. Parents have been especially co-operative and have responded promptly to requests to attend the clinic to discuss their child's progress. Such visits are very necessary from time to time in the case of an older child who normally attends each week unaccompanied. The therapist is enabled in these visits to ask about speech at home or behaviour problems, in fact to talk over all relevant points of interest. In the same way, teachers have been most helpful in supplying school progress reports, and in giving helpful advice when their opinions are sought when it is proposed to discharge the child for a few months. This may be for a variety of reasons : for instance, a child may have acquired a new sound but needs time to assimilate it in his ordinary conversation. Sometimes it is considered that he is speaking normally but a break is advisable so that, in case of reversion to his defective speech, treatment can be resumed for a further period. The final decision about discharge is, of course, made by the Medical Officer.

Number of new cases referred during		
the year	105	(72)
Number of Pupils treated ..	243	(162)
Total number of attendances ..	2,554	(2,217)
Total number of cases discharged ..	67	(66)

Types of cases referred during the year :

Dyslalia (faulty articulation) ..	46	(45)
Stammer	24	(25)
Cleft Palate	8	(12)
Sigmatism (lisp)	11	(9)
Nasal speech	1	(2)
Deafness	3	(3)
Dysphonia (faulty phonation) ..	—	(—)
Dysarthria	3	(—)

ORTHOPAEDIC DEPARTMENT

MR. J. A. CHOLMELEY, F.R.C.S., Consultant Orthopaedic Surgeon

During the year 23 Surgeon's Sessions were held and at these 107 new cases were examined and a total attendance of 604 old and new cases was made. One of the important functions of any medical service is the prevention of deformity and disease and one evidence of the value of an orthopaedic outpatient physiotherapy department is the small percentage of patients requiring hospital inpatient treatment.

The patients requiring inpatient treatment from this clinic are admitted to the Royal National Orthopaedic Hospital, Stanmore, and it is gratifying to note that only 23 pre-school and school children needed admission during the past year.

From the figures alone it is obvious that the Orthopaedic clinic continues to justify its existence as much as ever and to fill what would otherwise be a very real gap in the medical services for the children of Brighton.

Simplification and centralization of services has been one of the more recent popular slogans, but it is quite obvious that the outpatient orthopaedic departments of the hospitals could not, at any rate at the present time, accommodate the additional number of 1,372 school children and 305 pre-school age children treated by the physiotherapists at the Orthopaedic clinic at Sussex Street.

There are excellent facilities both as regards accommodation and equipment both for the treatment of minor orthopaedic defects and the more complex conditions arising from such diseases as poliomyelitis and cerebral damage.

The number of cases treated for the different Departments was :

1. EDUCATION DEPARTMENT

Number of children treated	..	..	..	1,372	(1,324)
Total number of attendances	..	..	..	7,355	(7,412)
Number discharged (not including Surgeon's cases)	..			434	(217)

MATERNITY AND CHILD WELFARE DEPARTMENT

Number of children treated	..	..	..	305	(288)
Total number of attendances	..	..	..	1,397	(1,477)
Number discharged (not including Surgeon's cases)	..			24	(10)

2. SURGEON'S SESSIONS

Number of sessions	..	..	..	23	(24)
Number of new cases referred from School Clinic	..			68	(80)
Number discharged	..	..	..	45	
Number of new cases referred from M. & C.W. Department	..	..	..	39	(59)
Number discharged	..	..	..	32	
Number of re-examinations	..	..	..	497	(496)

3. BREATHING EXERCISES AFTER THE REMOVAL OF TONSILS AND ADENOIDS

Number of patients attended	..	..	..	167	(287)
Number of attendances	..	..	..	283	(376)

4. SWIMMING BATH EXERCISES

Number of sessions	..	..	..	15	(19)
Number of patients	..	..	..	40	(49)
Number of attendances	..	..	..	278	(355)

5. IN-PATIENT TREATMENTS AT R.N.O.H., STANMORE, MIDDLESEX

					<i>Number of Patients</i>
Education	..	..	..	..	18 (9)
M. & C.W.	..	..	..	..	5 (12)

*Number of Children maintained in Residential Special Schools as at the
31st December, 1952*

NAME OF SCHOOL	Blind	Partially Sighted	Deaf	Partially Deaf	Educationally Sub-Normal	Maladjusted	Delicate	Physically Handicapped	Speech Defects	Epileptic	TOTAL
All Souls'	-	-	-	-	1	-	-	-	-	-	1
Aymestry Court	-	-	-	-	-	1	-	-	-	-	1
Barclay School	-	1	-	-	-	-	-	-	-	-	1
Besford Court	-	-	-	-	1	-	-	-	-	-	1
Blatchington Court	-	3	-	-	-	-	-	-	-	-	3
Bruce Porter Home	-	-	-	-	-	-	-	1	-	-	1
Chaigeley School	-	-	-	-	-	1	-	-	-	-	1
Dedisham Nursery	-	-	-	-	-	-	1	-	-	-	1
Drayton Manor	2	-	-	-	-	-	-	-	-	-	2
Exhall Grange	-	1	-	-	-	-	-	-	-	-	1
Fairfield House	-	-	-	-	-	-	1	-	-	-	1
Hamilton Lodge	-	-	6	-	-	-	-	-	-	-	6
Hawkenbury Home	-	-	-	-	-	-	4	-	-	-	4
Heritage Craft	-	-	-	-	-	-	-	8	-	-	8
Hinwick Hall	-	-	-	-	-	-	-	1	-	-	1
Kingsland House	-	-	-	-	1	-	-	-	-	-	1
L.C.C. Day School and Lamorbey Home	-	-	1	-	-	-	-	-	-	-	1
Lingfield Colony	-	-	-	-	-	-	-	-	-	2	2
Meath Home	-	-	-	-	-	-	1	-	-	-	1
Moor House	-	-	-	-	-	-	-	-	1	-	1
Oak Bank	-	-	-	-	-	-	4	-	-	-	4
Ogilvie School	-	-	-	-	-	-	1	-	-	-	1
Portley House	-	-	2	-	-	-	-	-	-	-	2
Port Regis	-	-	-	-	-	-	1	-	-	-	1
Royal School for Deaf and Dumb	-	-	6	-	-	-	-	-	-	-	6
Rudolph Memorial School	-	-	-	-	-	1	-	-	-	-	1
St. Catherine's	-	-	-	-	-	-	2	-	-	-	2
St. Dominic's	-	-	-	-	-	-	2	-	-	-	2
St. Francis	-	-	-	-	-	2	-	-	-	-	2
St. Patrick's	-	-	-	-	-	-	2	-	-	-	2
St. Mary's	-	-	-	-	1	-	-	-	-	-	1
St. Vincent's	-	-	-	-	-	-	2	-	-	-	2
School for Partially Deaf, Ovingdean	-	-	-	5	-	-	-	-	-	-	5
Starhurst Hostel	-	-	-	-	-	1	-	-	-	-	1
Sunshine House	1	-	-	-	-	-	-	-	-	-	1
Sutcliffe School	-	-	-	-	-	1	-	-	-	-	1
Wedges Farm Camp School*	-	-	-	-	-	-	2	-	-	-	2
Widdicombe House	-	-	-	-	3	-	-	-	-	-	3
TOTALS	3	5	15	5	7	7	23	10	1	2	78

*This School, which is maintained by the West Sussex Authority, admits children who are "below par" physically but who cannot be regarded as delicate under the Handicapped Pupils and School Health Service Regulations.

Employment of Children

416 children were examined during the year in respect of part-time employment. As in previous years, most of these children were employed in newspaper delivery.

Youth Employment

Arrangements with the Youth Employment Officer continued as before and essential information was passed on the appropriate forms.

NUTRITION

Provision of Meals

Total number of meals supplied during 1952 as compared with 1951.

	1952	1951
Avenue Central Kitchen	352,195	346,625
Loder Road Central Kitchen	445,397	426,589
Bevendean School Canteen	52,992	28,950*
Brighton, Hove and Sussex Grammar School Canteen	66,377	61,806
Brighton Secondary Building and Engineering School Canteen	44,946	40,023
Carden School Canteen	67,584	65,107
Coombe Road School Canteen	39,411	39,185
Hertford Road School Canteen	25,267	25,530
Moulsecoomb S/J Schools Canteen	97,671	108,180
Patcham School Canteen	88,120	91,515
St. John's School Canteen	33,553	31,118
St. Mark's School Canteen	32,004	27,134
Stanmer School Canteen	51,765	—
Sussex Street Infants' School Canteen	21,680	21,557
Tarnerland Nursery School Canteen	6,307†	7,587
Varndean Boys' School Canteen	72,741	72,539
Varndean Girls' School Canteen	100,312	95,316
Whitehawk Junior School Canteen	94,997	84,061
Whitehouse Nursery School Canteen	7,604	8,687
Woodingdean School Canteen	41,097	42,715
	<hr/> 1,742,020	<hr/> 1,624,225

*Open part of year only.

†Meals supplied from C.K. for 8 weeks.

Number of Children receiving dinners and milk at different periods during the year

<i>Month</i>	<i>Dinners</i>	<i>Milk</i>
February, 1952	7,383	14,831
June, 1952	7,631	15,732
October 1952	8,110	15,828

DENTAL REPORT

Mr. D. Mackay, the Senior Dental Surgeon, reports as follows :

Dental inspections and treatment were carried out by three full-time dental surgeons until the beginning of March, when Mr. Neame joined the staff.

The inspection and treatment of patients referred from the Maternity and Child Welfare Clinics, which was discontinued in 1950 owing to lack of staff, was resumed in April. One session per week was reserved by each dentist for the treatment of these patients, while all the other sessions were devoted to inspection and treatment of pupils in the Primary and Secondary Schools, as laid down in the Education Act, 1944.

Branch Dental Clinics for the treatment of children attending schools in the outlying areas were opened towards the end of September at Carden County Primary School and at the Whitehawk and Moulsecoomb Maternity and Child Welfare Centres.

10,071 children were examined at the routine inspections and 6,038 (59.9%) were found to require treatment. The total number of children treated during the year was 6,294 and 12,865 attendances were made by these children for treatment.

The parents of 84.5% of the children found to have defective teeth at the routine inspections accepted the offer of treatment ; 83.7% of these children actually received treatment.

During the year 162 cases of irregularity of the teeth were treated by extraction ; 26 temporary and 260 permanent teeth were removed for this reason. In addition 66 deformities requiring the use of apparatus were treated and 68 appliances were fitted to correct the irregular teeth of these patients.

119 x-rays for diagnostic purposes were taken for dental patients and 58 for orthopaedic cases.

Other operations in the statistical table (table V) include the following procedures : simple dressings, scalings, gum treatment, inlays, crowns, treatment and filling of root canals, extirpation of pulps, silver nitrate treatment, x-rays, and orthodontic adjustments.

I wish to thank the members of the teaching profession for their valuable help and kindly co-operation.

The statistical table is set out on page 22.

TABLE I

A.—Periodic Medical Inspections

Number of Inspections in the prescribed Groups :

Entrants	..	..	..	..	..	..	1,678
Second Age Group	..	..	..	..	..	..	1,354
Third Age Group	..	..	..	..	..	..	1,171
TOTAL							4,203
Number of other Periodic Inspections	..	..	..	..	..	..	1,316
GRAND TOTAL							5,519

B.—Other Inspections

Number of Special Inspections	..	..	..	..	..	3,996
Number of Re-inspections	..	..	..	..	..	6,892

C.—Pupils Found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental diseases and infestation with Vermin).

No individual pupil should be recorded more than once in any column in this table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table 2A	Total individual Pupils
(1)	(2)	(3)	(4)
Entrants	17	614	625
Second Age Group	82	256	337
Third Age Group	50	164	208
Total (prescribed groups) ..	149	1,034	1,170
Other Periodic Inspections..	55	336	384
GRAND TOTAL	204	1,370	1,554

TABLE II

*A.—Return of Defects found by Medical Inspections in the year ended
31st December, 1952*

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under Observation, but not re- quiring treatment (3)	Requiring treatment (4)	Requiring to be kept under obser- vation but not requiring treatment (5)
4	Skin	22	14	—	—
5	Eyes :				
	(a) Vision	204	182	120	31
	(b) Squint	67	25	62	17
	(c) Other	24	21	60	110
6	Ears :				
	(a) Hearing	20	30	2	7
	(b) Otitis Media ...	3	6	—	—
	(c) Other	11	11	—	—
7	Nose or Throat ...	490	629	290	71
8	Speech	48	12	73	13
9	Cervical Glands ...	7	309	7	5
10	Heart and Circulation	114	80	13	3
11	Lungs	61	91	102	4
12	Developmental :				
	(a) Hernia	—	9	1	—
	(b) Other	1	4	1	—
13	Orthopaedic :				
	(a) Posture	105	28	10	1
	(b) Flat foot	139	24	43	—
	(c) Other	197	111	104	12
14	Nervous System :				
	(a) Epilepsy	—	7	3	5
	(b) Other	5	20	41	19
15	Psychological :				
	(a) Development ...	2	19	2	1
	(b) Stability	5	8	7	—
16	Other	69	126	134	157

*B.—Classification of the General Condition of Pupils inspected during
the year in Age Groups*

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,678	1,183	70.5	460	27.41	35	2.08
Second Age Group ...	1,354	954	70.45	372	27.47	28	2.07
Third Age Group ...	1,171	941	80.35	210	17.93	20	1.7
Other Periodic Inspec- tions	1,316	973	73.93	331	25.15	12	.91
TOTAL	5,519	4,051	73.4	1,373	24.87	95	1.71

TABLE III*Infestation with Vermin*

(This relates to individual pupils and not to instances of infestation)

(i) Total number of examinations in the schools by the school nurses or other authorised persons	64,467
(ii) Total number of individual pupils found to be infested ..	490
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	490
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	3

TABLE IV

Group 1—Diseases of the Skin
(excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm : (i) Scalp	—	not available
(ii) Body	17	„
Scabies	29	„
Impetigo	101	„
Other skin diseases	484	„
TOTAL ...	631	„

Group 2—Eye Diseases, Defective Vision, and Squint

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	447	not available
Errors of refraction (including squint)	453	573
TOTAL ...	900	573
Number of pupils for whom spectacles were :		
(a) Prescribed	not available	360
(b) Obtained	„	541

Group 3—Diseases and Defects of Ear, Nose, and Throat

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear	—	not available
(b) for adenoids and chronic tonsilitis ...	—	393
(c) for other nose and throat conditions ...	—	not available
Received other forms of treatment	375	„
TOTAL ...	375	393

Group 4—Orthopaedic and Postural Defects

	Number of cases treated	
	by the Authority	otherwise
(a) Number treated as in-patients in hospitals ...	—	18
(b) Number treated otherwise, e.g. in clinics or out-patient departments	1,372	not known

Group 5—Child Guidance Treatment

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	179	not known

Group 6—Speech Therapy

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ...	243	not known

Group 7—Other Treatment Given

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments	1,827	not known
(b) Other than (a) above (specify)	—	—
TOTAL ...	1,827	—

*Handicapped Pupils requiring education at Special Schools
or Boarding in Boarding Homes*

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically handicapped	(7) Educationally Sub-normal (8) Maladjusted	(9) Epileptic	TOTAL 1—9
	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	(10)
In the calendar year ending 31st Dec., 1952 :						
A. Handicapped Pupils <i>newly placed</i> in special schools or homes ...	1 1	— 2	52 5	24 3	1	89
B. Handicapped Pupils <i>newly ascer- tained</i> as requiring education at special schools or boarding in homes ...	— 2	— 4	64 5	27 6	1	109

Number of children reported during the year :

(a) under Section 57 (3) (excluding any returned under (b) )	...	...	...	12
(b) .., .., .. relying on Section 57 (4)	...	...	...	—
(c) .., .. 57 (5)	...	...	...	16

of the Education Act 1944.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about Dec. 1st, 1952 :										
C. Number of Handicapped Pupils from the area :										
(1) Attending special schools as										
(a) Day Pupils	—	—	—	4	—	—	100	—	—	104
(b) Boarding Pupils ...	3	6	8	1	25	13	4	6	1	67
(2) Boarded in Homes ...	—	—	1	—	—	—	—	1	—	2
(3) Attending independent schools under arrangements made by the Authority ...	—	—	3 day 3 board	—	—	—	5	—	—	11
TOTAL (C) ...	3	6	15	5	25	13	109	7	1	184
D. Number of Handicapped Pupils being educated under arrangements made under Sec- tion 56 of the Education Act, 1944 :										
(a) in hospitals	—	—	(general sickness)		—	11	—	1	1	24
(b) elsewhere ...	—	—	—	—	—	—	—	—	—	13
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily re- ceiving home tuition) ...	—	1	—	4	7	7	17	3	1	40

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :						
(a) Periodic	..	..	..	..	..	10,071
(b) Specials	..	..	..	..	..	2,664
TOTAL (1)						12,735
(2) Number found to require treatment (including specials)						
(3) Number referred for treatment (periodic inspections)	..					6,038
(4) Number actually treated (including specials)	..					6,294
(5) Attendances made by pupils for treatment	..					12,865
(6) Half-days devoted to : Inspection 60						
Treatment	..	..	..	..	..	1,727
TOTAL (6)						1,787
(7) Fillings : Permanent Teeth 7,334						
Temporary Teeth	..	..	..	..	..	374
TOTAL (7)						7,708
(8) Number of teeth filled : Permanent Teeth 6,406						
Temporary Teeth	..					352
TOTAL (8)						6,758
(9) Extractions : Permanent Teeth 1,441						
Temporary Teeth	..	..	..	..	..	7,016
TOTAL (9)						8,457
(10) Administration of general anaesthetics for extraction .. 725						
(11) Other Operations : Permanent Teeth 2,708						
Temporary Teeth	..					1,160
TOTAL (11)						3,868



